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ABSTRACT

This document contains descriptions of 19 teaching programs which share the common goal of emphasizing human values as an important area of education in the health professions. This listing is the result and expansion of the Institute on Health and Human Values Conference. Three broad areas are outlined which the 19 schools emphasize in their programs: paramedical education; medical ethics; and social science and humanities relationships. The listings are alphabetical by state, and most include a rationale for a values orientation, goals and objectives, resources, and course descriptions. Problems of some of the courses are also listed. (Author/JR)

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Institute on Human Values in Medicine

HUMAN VALUES TEACHING PROGRAMS FOR HEALTH PROFESSIONALS

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Institute on Human Values in Medicine

HUMAN VALUES TEACHING PROGRAMS FOR HEALTH PROFESSIONALS

April, 1974

Society for Health and Human Values

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FOREWORD

In 1972 the Institute on Human Values in Medicine issued the Proceedings of the Second Session, a report of the Institute's conference held at Williamsburg, Virginia, in April of that year. Appended to that report were descriptions of human values teaching programs then current in eleven medical schools.

As copies of the Proceedings circulated, it became clear that these program descriptions provided significant practical assistance to individuals who were working on the development of similar programs at their institutions, and wished to review the experience of others to facilitate their own planning.

During the past two years, numerous changes have occurred within the eleven programs originally reported; moreover, additional human values teaching programs have emerged at eight other schools. In order to make this new information available, the Institute on Human Values in Medicine commissioned appropriate persons involved with these nineteen programs to prepare new or revised reports.

This publication is the result of their effort, for which I would like to record my personal thanks. The generous sharing of experience, perspective, and practical information that characterizes these reports characterizes their authors also, as I have come to know in the course of working with them to produce this document. Their cooperation has been outstanding from start to finish of this project, and I am very grateful to each of them.

Lorraine L. Hunt, Ph.D.
Project Director and Editor
Institute on Human Values in Medicine

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INTRODUCTION

The nineteen teaching programs described in the following pages share the common goal of emphasizing human values as an important area of education in the health professions. They have numerous other similarities, but many differences as well because over time, each institution has developed a particular approach that best meets its own needs.

The programs presented here are offered not as models to be copied, but as samples of experience that can be studied and reflected upon. In view of the variety of style and organization represented within this collection, it may be helpful to indicate briefly certain relationships of program emphasis and institutional milieu:*

Design for students in paramedical education:

- Medical College of Georgia
- Howard University
- Johns Hopkins University
- SUNY-Stony Brook
- University of Tennessee Medical Units
- University of Texas Medical Branch
- Medical College of Virginia

Emphasis on medical ethics:

- University of California-San Francisco
- Meharry Medical College

Close relation of the social sciences and humanities:

- University of Florida
- Medical College of Georgia
- University of Kansas
- University of Maryland
- SUNY-Stony Brook
- Medical University of South Carolina

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*The table of contents lists schools alphabetically by state, and indicates the page numbers of each report. The comments above are over-simplified labels that are intended to serve only an index function; they should not be considered adequate descriptions of the full reports.

Strong link with medical students' initial contacts with patients, history-taking, early core curriculum courses, etc.

- University of California-Davis
- University of California-Los Angeles
- University of Kansas
- Duke University
- University of North Carolina-Chapel Hill
- University of Texas Medical Branch

Emphasis on ward experiences, clerkships, and/or residency:

- University of Florida
- Medical University of South Carolina
- Medical College of Virginia

Evolvement from an initial medical school chaplaincy:

- Medical College of Virginia
- Yale University

Response to geographical separation from parent university:

- Medical College of Georgia
- Pennsylvania State University (Hershey Medical Center)
- University of Texas Medical Branch

Utilization of resources of parent university:

- Duke University
- University of Florida
- SUNY-Stony Brook
- University of North Carolina-Chapel Hill
- Yale University

Early-stage planning efforts:

- University of Maryland
- University of North Carolina-Chapel Hill
- University of Tennessee Medical Units

UNIVERSITY OF CALIFORNIA AT DAVIS
School of Medicine

Prepared by
Joe P. Tupin, M.D.
Department of Psychiatry

I. Required Course: "Behavioral and Environmental Biology"

Administrative Structure

This required course extends over three quarters (60 contact hours) during the first year and is taught by a multi-disciplinary committee from the departments of behavioral biology, psychiatry, pediatrics, pharmacology, and community health; the Chairmanship rotates. As it is scheduled it competes with the Molecular and Cellular Biology Course in the first quarter and Organ Systems Biology Course (combination of gross anatomy and physiology) in the second and third quarter. The course is funded from the School of Medicine budget, as are all other required courses. It began with the first class at Davis 6 years ago. The course committee is responsible to:

1. An administrative committee for execution, budget, etc.

2. A faculty committee for implementation of faculty educational policy, e.g., content, quality of instruction, etc. The original and continuing impetus for the course is the faculty.

In the first two years, the curriculum is divided into a required segment ("core" 20 hour/week) and an elective segment. The students are not required to take any electives, but may also use the remainder of the day for studying, recreation or whatever.

Rationale

The rationale of the course is to introduce basic (normal) biological, psychological, and socio-cultural aspects of behavior as related to health practitioners, patients, and the health care system. The course committee also introduces material relevant to social value systems, cultural perspectives, and ethics in health care. A human developmental model is followed, supplemented by presentation of general socio-psychological topics, e.g., healing, medical control of behavior. Ethical implications of cultural biases and medical decisions are emphasized.

Goals and Objectives

The principal goal of the course is to provide the freshman medical students with the opportunity to view the inter-relationship of social, cultural, psychological, and biological factors in normal individual and group behavior. Throughout the course the emphasis is on the holistic view of man and his relationship to the social system. Implications for medical practice are emphasized. Differences and similarities among cultural and socio-economic groups are emphasized and related to value systems, attitudes toward health, etc. Consideration is given the role played by personal and cultural value systems as brought to the medical setting by the physician (medical student), the patient, and organized medicine. Real clinical examples are used where possible.

Organization and Content

During the first two quarters, the course is structured around the developing person, the human life cycle from conception through death, including the phases of gestation, infancy, childhood, adolescence, youth, adulthood, and old age. Although consideration is given to the "common life crises," emphasis is on the maturational process common to age groups, rather than "fixed" developmental norms or events. Differences of various cultural groups are noted.

Topical areas (as well as the general social, cultural, biological, and psychological factors) are integrated into the appropriate developmental stages--for example, "Drug Use and Abuse" is covered in the section on adolescence and youth. The third quarter focuses on larger social questions--e.g., impact of hospitalization.

Our focus is on the medical care situation and human growth and development. Great emphasis is placed on how these factors influence the physician's attitudes, decisions, and the patient's access to care. Rarely is an ethical question dealt with in depth or as a pure problem, nor do we commonly focus on the "traditional questions" of medical ethics--e.g., informed consent, therapeutic abortion, etc.

Priorities of Concern and Action

1. To introduce basic concepts of personal growth as a function of the social, cultural, and biological diversity.

2. To bring the student's awareness to bear on his own value system and how it affects him in his relationship to the patient, medical practice, and the institutions of medicine.

3. To introduce value systems as a differential expression of cultural and socio-economic factors. (We are not specifically concerned with an elaborate exposition of the various positions related to ethical issues as much as we are concerned with the student's awareness of the existence of ethical issues per se in his day-to-day activity and specifically, the value systems which may bear on his decisions, attitudes, and goals.)

4. Some consideration is given to ethics of specific situations. In this regard there is in this course (and others) brief discussion of questions of therapeutic abortion, transplantation, informed consent, death, and dying. We are not concerned with supplying a final answer to these difficult questions, but rather in sensitizing the student to ethical issues in day-to-day activities.

5. The emerging problem that I suspect will increasingly occupy our attention in this regard is the potential role of the medical profession as an agent for transmission of values.

Educational Methods and Resources

— We use audiovisual presentations, reading assignments, lectures, small-group discussions, and field trips. From an operational point of view, these center around clinical problems so that the student will feel that the discussion is "medically relevant."

Frequent clinical examples are used to illustrate the ethical dilemmas as well as the various aspects of normal growth and development. Field trips to key institutions such as local prisons, nursing homes, and hospitals have been extremely successful in bringing a sense of reality to the students.

Educational resources have varied, depending on who was teaching a particular segment, but videotaped interviews of patients, films[1], reprints, and field trips[2] have been most useful. Guests[3] offering unusual viewpoints have been helpful.

Resources

Faculty. There are five full-time faculty members on the course committee. This committee is charged by the faculty with the responsibility of design, development, and implementation of the course. In addition, there are six small group leaders drawn from the faculty in general who work with the course. Other faculty members are available on request, as are outside guests.

Time. The course is allotted 20 hours per quarter for three quarters.

Space. This has been no problem -- we have used small-group rooms and large lecture rooms on a scheduled basis.

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1. Death, UCB Extension, 16mm -- one of a three-part series on marriage, birth, and death.
2. Field trips to prisons, hospital, and emergency room.
3. Guests: Faith healer, commune physician.

Budget. We are budgeted for $3,000 per year for a 100 students.

Allies

We have had good support from the Dean and most of the department chairmen and a majority of the faculty, as well as the Committee on Educational Policy. This support has come primarily from the clinical faculty, although it extends to all departments and disciplines. At this time we do not envision any major attack, although as noted below this course is always somewhat more vulnerable than others.

Problems

1. Our core curriculum consists of only 20 contact hours per week, with the remaining time available for electives. Thus, the competition for required-course time is keen among the various courses. Those courses that deal with "hard science" have been somewhat doubtful of the merit and the time afforded this offering. There have been unorganized but consistent attempts to capture some of this time, or to move this course into an elective status. This competition is derived from two bases: (a) the time pressure described above, and (b) the inherent distrust of behavioral-social issues and their questionable (as seen by other faculty members) application to the practice of medicine.

2. Another major obstacle has been the organization of this material so that it will be perceived by the student as relevant and viable. Our student body, like most others around the country, is quite concerned about the "relevancy" of the curriculum, and also is greatly preoccupied with the social implications of medical education and practice. Thus organization of this course has been a continuous and nagging difficulty.

II. Elective Course: "Human Values and Medical Decisions"

Administrative Structure

This elective course is offered by the Department of Psychiatry with financial support from the Department and the Dean's office.

Rationale

To increase the student's awareness of ethical issues, and his own "hidden values," professional values, and the patient's rights and values.

Goals and Objectives

1. To illustrate the ambiguity of some medical decisions--e.g., the absence of scientific fact, rights of patients, etc.

2. To focus on the potential conflict between scientific and ethical perspectives.

3. To uncover hidden ethical assumptions disguised as scientific fact which affect patient-physician relations, decision-making, and type of care.

4. To explore various factors that impinge on the decision-making process--e.g., legal, personal, medical-scientific, social and psychological.

5. To focus on the health care practitioner's role and attitudes.

6. To identify the authority for care, such as that of parents, guardian, third-party payer, etc.

7. To discuss these issues as they appear in specific situations.

    a. Rights of minors
    b. Genetic counseling
    c. Transplantation
    d. Management of the dying patient
    e. Ethics of behavior control
    f. Confidentiality and consent
    g. Health care and the disadvantaged
    h. Limits of extraordinary care

Priorities of Concern and Action

1. To increase student awareness of ethical issues in decision-making.

2. To increase student awareness of own (hidden) culturally-determined assumptions which affect ethical and medical decisions.

3. To explore various factors that affect health-care delivery and decisions.

Educational Methods

Case presentations by clinicians, field trips, patient interviews, and selected literature.

Resources

Regular Faculty: Two psychiatrists (one with public health experience) and a lawyer.

Guest Faculty: Philosopher, pediatrician, obstetrician, urologist, public health administrator, and oncologist.

Time: Elective, two hours/week.

Space: Conference room.

Budget: Limited, from Psychiatry Department and Dean's office.

Allies

Selected clinical and basic department faculty, Dean's office, Law School faculty, and Psychiatry Department.

Problems

Student interest, financial support.

III. Evaluation, Plans for Change, and Problems for Consideration

Evaluation

Through the Learning Resources Program, the Dean's office regularly solicits comments from students on all elective and required courses. These comments are returned to the teaching faculty.

Plans for Change

1. The required course will evolve as the course committee and faculty opinion change.

2. The course will experiment with format and timing to increase student appeal.

Problems for Consideration

1. Faculty antagonisms -- primarily "hard science" vs "soft information" rivalry: "Why take the student's time with this which is ambiguous and speculative, when we have so much scientifically valid material to teach?"

2. Student interest:

    a. Competition with demanding courses where poor performance may lead to failure.

    b. Not science, therefore not relevant.

    c. Lack of humanities and social science background.

    d. Poor faculty support or concern on wards and in labs.

3. Qualified faculty.

UNIVERSITY OF CALIFORNIA, LOS ANGELES
Health Sciences Center
School of Medicine

Prepared by
Bernard Towers, M.B., Ch.B.
Professor of Pediatrics and
Anatomy

RATIONALE

The traditional philosophy of the UCLA School of Medicine has been that the important topic of human values in medicine should be embodied in all the teaching throughout the four-year curriculum rather than be taught as a special course per se. There are, however, certain areas of the curriculum where this topic receives special emphasis, and two recent innovations have made the subject more visible than heretofore.

CURRENT NATURE OF PROGRAM

Year I (Part I)

The basic introduction to physical diagnosis, taught during the freshman year, stresses the art as well as the science of medicine. Twelve hours are devoted to problems of social and community medicine, and during this time there is a great emphasis on human values. The Preceptorship Program, which begins in the freshman year, allows each student to participate with a practicing physician in his routine activities, and again stresses the art of medicine, the consideration of patients' feelings, as well as the necessity of viewing illness within the perspective of the whole patient and the relationship to his family and social environment.

A new freshman course has recently replaced the old group dynamics. It is entitled "The Doctor-Patient Relationship - a Multi-Media Exploration of the Physician and his Environment." Those in charge are Garrett O'Connor, M.D., Course Chairman, Associate Professor of Psychiatry in Residence, UCLA School of Medicine, and Associate Staff for Education, Brentwood VA Hospital; Barnett Addis, Ph.D., Academic Administrator, UCLA, Social Psychologist and Media Producer; Richard J. Metzner, M.D., Assistant Professor of Psychiatry in Residence, UCLA School of Medicine, and Chief, Audiovisual Educational Laboratory, Brentwood VA Hospital.

The course is offered for first-year medical students by the Department of Psychiatry and Behavioral Sciences, in collaboration with the Office of the Dean. The program is funded by the Department of Psychiatry and Behavioral Sciences. It began in the Fall of 1973, in recognition of the need for medical students to be aware of the psychological and human aspects of the physician's task, and to become so in a class situation that allows free exchange and interaction within the group. The majority of the students appear to be interested and enthusiastic about the course content. The aim of part I of the course (22 sessions required) is to introduce the student to a way of thinking about his role as a physician, which is based on an appreciation of the dynamic interaction between the doctor, his patient, and the environment in which both of them must work. The course stresses the importance of developing skills in the observation of behavior, and of integrating the results of such observation of relevant material to others.

Through the use of media, didactic teaching, and selected group exercises, the student is invited to explore the social and psychological dimensions of the doctor-patient relationship, and to consider the influence of conscious and unconscious processes which may operate to help or hinder the physician and the patient as they attempt to perform their respective roles. Six segments of varying length cover content related to the interpersonal, socio-cultural, institutional, political, and economic aspects of the doctor-patient relationship.

Year I (Part II)

Part II of the course (elective) is designed to permit the development of a tutorial relationship between small groups of students and senior faculty from the Schools of Medicine and Public Health. Groups of approximately eight students meet on a monthly basis for dinner, drinks, and talk at the home of the tutor. (There are 18 groups in all.) An assigned reading provides a template for general discussion in the relaxed setting of the tutor's drawing room.

The strength of the required part of the course lies in its apparent ability to attract and sustain the students' attention in the study of a subject which is difficult to teach under any circumstances. For the first eight sessions, class attendance averaged 135 out of a possible 148. However, pedagogical problems of successfully communicating socio-psychological material to such a large group require further study and consideration. Available media are not always quite appropriate to the desired content.

Evaluations have played an important role in the development of this course. After each session, evaluation sheets are handed out to the students, and are tabulated immediately after each class to determine how the sessions are progressing. The students rate each session on a one-to-ten scale. In addition to an overall rating, there is provision for judgments of content and method of presentation. Evaluations have hovered about a mean of 70% -- very favorable.

The significant change planned for the future is the creation of a series of special media specifically aimed at the subject matter under discussion, and produced in such a way as to reflect local situations familiar to the students.

Problems associated with a course such as this appear mainly to relate to the technical difficulties of successfully teaching psychological subjects to a large group of students. The optimal format has yet to be discovered. As far as the institution goes, no particular problems appear to exist. Appropriate media often leave much to be desired, and are frequently inappropriate to the topic of the moment -- i.e., the media tend to determine the content.

Year II

During the second year, additional time is spent in the area of social and preventive medicine, where special consideration is given to the impact of illness on the patient's family. The community agencies which are available to cope with special problems are visited and studied, and the importance of utilizing these facilities in the management of both acute and chronic illnesses is emphasized. During this year, the students also continue their practice of physical diagnosis techniques, again with emphasis on problems peculiar to individual patients and how these problems might affect their physical well being. The students have their introduction to psychiatry during their sophomore year, and there is a course devoted to human sexuality which stresses the inter-relationship between sexual problems and mental illness. The latter course also explores methods of discussing problems with patients and the solution to many common sexual problems.

Year III

The third year is devoted entirely to clinical clerkships in medicine, pediatrics, obstetrics and gynecology, surgery, and psychiatry. During each of these clerkships, stress is given to the approach to patients' problems, and the necessity of evaluating the entire spectrum of problems which face an individual patient. During this period of time, the students learn primarily by example, and great emphasis is placed on recognition of human values as important to total care. While on their medical clerkship, the students are assigned to a specific faculty member who serves as their "primary physician." Special sessions are held with the primary physician; at this time patients are discussed in detail, with emphasis again being on careful evaluation of total problems and means for solving these problems.

Year IV

The fourth year is entirely elective, and includes both advanced clinical clerkships and depth electives. During this time, students not only have further exposure to primary patient care on the wards, but also have the opportunity to spend time in preceptorships, including rural and poverty areas, where they can have an opportunity to practice medicine in a different social setting.

ADDITIONAL LEARNING RESOURCES

The Department of Medical History at UCLA is one of the few such programs in this country which awards M.A. and Ph.D. degrees. The rich library facilities and large collections essential for studies in medical history abound at UCLA. Although medical history is not required for medical students, a series of lunch-time lectures has retained its popularity throughout the years. Furthermore, elective time can be utilized for this important humanities discipline.

A new learning resource for students and faculty in the Center for the Health Sciences has recently (January, 1974) been inaugurated under the general direction of Bernard Towers, M.B., Ch.B., Professor of Pediatrics and Anatomy. This is entitled "Medicine and Society Forum, UCLA," and is supported by the Schools of Medicine, Nursing, Public Health, and Dentistry. Monthly conferences are held at prime time. Faculty and students debate topics wherein the techniques of modern health-care delivery create ethical, legal, socio-economic, and other societal problems. It is planned to videotape the proceedings for further study both by individuals and in classes, not only in the Center for the Health Sciences, but also in other parts of campus, such as the Law School, and in the Departments of Social Science and the Humanities.

COMMENT

The UCLA School of Medicine strongly believes that students learn by example, and that if the Faculty and House Officers recognize the importance of human values in medicine, and continue this emphasis on a day-to-day basis, the students will develop a broad and meaningful insight into these problems.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
School of Medicine

Prepared by
Michael J. Garland, Ph.D.
Assistant to the Director
Bioethics Program

Official Title

The Bioethics Program

Faculty

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Philip R. Lee, M.D.
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Jan Howard, Ph.D.
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Karen Lebacqz, Ph.D. (Candidate)
Assistant Professor of Ethics, Pacific School of Religion
Lecturer, School of Medicine

In addition to these principal collaborators, the entire faculty of the Health Policy Program, as well as various associates of that program, should be considered colleagues for the Bioethics Program, since their participation in planning and evaluation sessions has generated important practical and theoretical influences on the development of the program. This interdisciplinary group includes specialists in the fields of medicine, law, ethics, economics, sociology, politics, and policy analysis.

Administrative Arrangements

The Bioethics Program is a component of the Health Policy Program in the School of Medicine. In addition, it is associated with the Pacific School of Religion of the Graduate Theological Union in Berkeley for the purpose of developing bioethics courses for theological students.

Funding

The Bioethics Program is presently supported by a grant from the Henry J. Kaiser Family Foundation. It originally (1972-73) shared in a grant from the Robert Wood Johnson Foundation, which partially supports the Health Policy Program.

History

The Bioethics Program has been in existence since July, 1972, when the Health Policy Program received a planning grant from the Robert Wood Johnson Foundation. Dr. Philip Lee, director of the Health Policy Program, and Dr. Albert Jonsen, director of the Bioethics Program, together with other original members of the Health Policy Program faculty, shared the conviction that the myriad problems in the health policy field must receive scrutiny from the standpoint of ethics as well as from those of medicine, law, economics, and politics. The distinctive characteristic of the Bioethics Program derives from its integration in the Health Policy Program. Ethical problems most intimately linked with the growing institutionalization of health care are of primary interest. Analysis of these problems requires careful scrutiny of the justice relationships imbedded in contemporary health care, its technologies, and its research requirements.

As of January, 1974, the Bioethics Program enlarged its intended sphere of influence by joining with the Pacific School of Religion, an inter-denominational theological school within the Graduate Theological Union at Berkeley. Through this partnership the Bioethics Program will involve theologians and members of the clergy in the concerns of medical ethics and health policy. Since these problems affect the well-being of the general public, and since persons other than health professionals increasingly participate in decisions about medical care (e.g., committees on human experimentation), this extension is in fact integral to the original rationale of the Bioethics Program.

Current Teaching Activities

1. Workshop in Bioethics

Addresses various current problems in Bioethics with the intention of developing students' ability to identify and to work through specific ethical problems with attention to thought processes proper to ethical consideration.

- directed by Albert R. Jonsen, S.J., Ph.D., with collaboration of Philip R. Lee, M.D., Jan Howard, Ph.D., and Karen Lebacqz, Ph.D. (Cand.)

- offered each quarter: all day on two Saturdays
- aimed primarily at medical students, but open to students from other schools on the campus (e.g., nursing, pharmacy, etc.)
- elective credit, one unit.

2. Seminar: Special Problems in Bioethics

This seminar examines one specific problem area each quarter. For example, the topic for Spring, 1974, Human Experimentation, Ethical and Legal Issues.

- directed by Albert R. Jonsen, S.J., Ph.D.
- offered each quarter, weekly meetings, 3 hours
- aimed at medical students and graduate students in non-M.D. programs
- elective credit, three units.

Teaching Approach

1. Bioethics Workshop

Students have indicated a preference for the case-study approach. Therefore, these workshops are structured so that a brief orientation lecture leads into one or two cases to be considered and discussed in small groups. Material relevant to the cases circulates prior to the workshop date. Faculty members having special-interest questions at hand attend and participate in the small group discussions. General reflections from each small group are shared at the end of the session, and elements of ethical reflection pertinent to the cases are identified.

2. Seminar: Special Problems in Bioethics

This is handled in classic seminar form. Students develop special research projects within the designated problem area, give reports, and engage in discussion. Dr. Jonsen supervises projects and gives necessary orientation sessions. Depending on designated problems, faculty members from appropriate departments participate in seminar meetings.

Campus Relations

In addition to usual channels of course information, an effort is made to alert the student body to bioethics courses through items in the student newspaper and through contacts with students in other health policy courses.

The Bioethics Program has received strong support at UCSF both from the administration and from a notable segment of the faculty. Members of various departments have been asked to serve as guest lecturers to classes, and to participate in seminar and workshop discussion sessions. The response has been very positive. A proposal to organize a standing academic group for bioethics has received a good response (see below under Projected Developments).

Evaluation

Two levels of on-going evaluation are regarded as highly desirable for the Bioethics Program. First, peer-level evaluation occurs at regular meetings of the Health Policy Program, where activities of the Bioethics Program are scrutinized. Secondly, student evaluation is elicited in connection with each course offering. These two levels of evaluation contribute substantially to the effort to provide a program that is both academically challenging and geared to address the students' present level of awareness and expertise.

Projected Developments

1. Joint Program, School of Medicine and Pacific School of Religion

Full articulation of the UCSF and Pacific School of Religion joint program will be accomplished by September, 1974. This will include:

- arranging clinical experience for theological students
- joint classes for medical and theological students
- exploring feasibility of degree programs in bioethics
- developing summer fellowship program (beginning 1974) which will provide eight weeks of directed research for graduate students in philosophy or theology and for medical students.

2. Academic Group for Bioethics

Continued efforts will be made to establish an academic group for bioethics on the UCSF campus, composed of members of several departments. This group will meet regularly to identify and explore ethical problems besetting various segments of the medical community.

3. Conferences and Publications

In May, 1974, the Bioethics Program together with the Department of Pediatrics at UCSF will sponsor a small invitational conference on ethical issues in neonatal intensive care. At the present time it seems valuable to plan for one such conference each year. The purpose of the conference will be to identify particularly vexing bioethical problems and address them in depth at a small, carefully prepared conference with the objective of producing working formulations of moral policy relevant to the problem.

4. Participation in Medical School Activities

Dr. Jonsen will expand his participation in already existing medical school courses and activities (e.g., clinical and Grand Rounds, special lectures, symposia) where it seems to be most appropriate to identify and explore significant ethical issues. This is judged preferable to increasing separate course offerings in bioethics, given the limitations on the medical students' time.

Other Humanistic Influences

Although the Bioethics Program is the only specifically values-oriented teaching activity at UCSF, there are many courses scattered through the several departments of the School of Medicine and the School of Nursing that exercise a humanistic influence on the training programs at this campus.

One may cite the course offered by Otto E. Guttentag, M.D., entitled The Medical Attitude, which focuses on an analysis of the axioms of medicine in terms of ontology. This is an elective seminar course. It is also offered in the Graduate Division of this campus and in the School of Nursing. Students who take this course may take another one in which selected writings in the philosophy of clinical thought are read and discussed.

Dr. Guttentag is also developing a short program on the "Fundamentals of Clinical Thought and Practice" for graduate students in theology and philosophy. This program will involve not only instruction in the history and philosophy of medicine, but also an exposure to concrete medical decision making.

YALE UNIVERSITY
School of Medicine

Prepared by
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Professor of Psychiatry

David C. Duncombe, Ph.D.
Chaplain to the
School of Medicine

Yale University offers today some interesting opportunities plus an even greater potential for the development of a program in health care and human values. At present the Medical School Chaplaincy is the most established activity. Until recently little cooperation existed between major Yale professional schools (especially Divinity, Law, Medicine, and Nursing) or departments of the Graduate School in terms of pursuing such issues. Today, the trend is definitely towards greater cooperation and coordination. A recent consultation by Dr. Edmund Pellegrino (under the auspices of the Institute on Human Values and Medicine) helped us to focus on possibilities for a modest but substantial development at this time without the benefit of incremental funds.

I. PRESENT ACTIVITIES IN THE TEACHING OF MEDICAL ETHICS

Divinity School

Although there is strong interest in the teaching of medical ethics at the Divinity School, only two courses are presently being offered. "Ethics and the Professions," taught by Professor Charles W. Powers, considers medicine amongst the other professions. The other course is a new elective (2 hours weekly during the spring semester), "Medical Ethics," offered for divinity students and medical students (some law students attend), taught by Sr. Margaret Farley of the Divinity School and Dr. Fritz Redlich of the Medical School. Classes are held at the Medical School, with enrollment limited to 14 students.

In addition, four Divinity School field-based courses often raise medical ethics issues faced in the pastoral care of the mentally ill, alcoholics, drug dependent persons, older people and the acutely ill. Clinical pastoral education, a Divinity School sponsored, hospital-based program of three months to two years in duration, has had significant impact in focusing on ethical problems in the context of patient contact and supervised reflection.

Law School

Supported by a grant from the Commonwealth Fund of New York, the Law School has embarked on a new interdisciplinary teaching and research program in Law, Science, and Medicine. The program seeks to provide a focus for work by faculty, students, and fellows in a number of related areas of concern--among them legal and ethical issues in biomedical and behavioral science research, implications of advances in genetic research, problems relating to organ transplants and artificial organs, legal aspects of population control, and generally the administration of medical care delivery system and the social control of science and technology. The program rests on the assumption that the exploration of social and legal problems arising from medical and scientific progress will benefit from collaborative work among persons from many disciplines. Thus its goal is to bring lawyers, doctors, and scientists together in an effort to address central public policy issues, and to consider the broader ethical and philosophical questions implicit in the relationship between law and scientific knowledge.

The specific problem areas are extremely diverse, but they have a number of common threads:

1. Consideration of the impact of medical and scientific advances upon the legal order and upon society as a whole;
2. Examination of the mechanisms by which society can inform itself of medical and scientific advances, and where necessary seek to control them;
3. Exploration of the value preferences which underlie medical and scientific progress.

The program will support courses and seminars for J.D. candidates and graduate fellows. It will encourage research by faculty and students, stimulate the production of new teaching materials, and enable the Law School to invite distinguished visitors from law, medicine and the sciences.

A key element of the Program in Law, Science, and Medicine is the active participation of a small group of outstanding graduate fellows who are chosen from among lawyers, physicians, and scientists in order to advance interdisciplinary explorations. Faculty co-chairmen are Deputy Dean Burke Marshall and Professor Jay Katz; Professors Guido Calabresi, Joseph Goldstein, Robert B. Stevens, and Barbara Underwood form the faculty.

Besides this fellowship program, the Law School offers a variety of courses touching on problems of policy and legal procedures such as courses on the social control of science and technology, science and public policy, psychoanalysis and the law, and medical experimentation on humans.

Medical School

There is no systematic required course in medical ethics; however, it must be recognized that most teaching in the Yale School of Medicine is elective. At present, two sessions of the first year course on social medicine (Dr. Adrian Ostfeld) are devoted to selected legal and ethical topics; these sessions are conducted by Professor Frank Grad of Columbia University Law School. Two genetics courses, one for first-year medical students on human genetics (Dr. Y. E. Hsia) and the other for public health students (Dr. Adrian Ostfeld) on population genetics, include lectures and discussion on ethical problems. First-year biochemistry (Dr. Lubert Stryer) also devotes some time to the discussion of the ethics of research. In the second-year pharmacology course (Dr. Robert Levine), two sessions are devoted to ethics of drug use and experimentation with human subjects. The Psychosomatic Grand Rounds occasionally features selected problems of ethics, such as organ transplantation and care of the dying. The only elective course in medical ethics is the new joint Medical-Divinity School course previously mentioned. The Medical School Chaplaincy (described in Part II below) also offers opportunities for ethical reflection in course settings, organizational activities, and in individual counseling.

Yale Undergraduate

Since over half of Yale's undergraduates are pre-medical majors, there has been significant demand for electives dealing with medicine and societal problems. Most of these have been presented through small seminars sponsored by the residential colleges at Yale. For example, this past year saw a course in bioethics at Saybrook College (Dr. Robert Handschumacher) and one in medico-ethical problems at Timothy Dwight College (Dr. Richard Granger). At Branford College there was a course on health policy and values (Dr. George Silver), and at Pierson College a course on ethics and human genetics (Rev. Richard Van Wely).

II. THE MEDICAL SCHOOL CHAPLAINCY

The Chaplaincy to the School of Medicine is staffed by The Reverend David C. Duncombe, The Reverend Bruce B. McLucas, and by Mrs. Darlene Gunn. Chaplain Duncombe holds the secondary appointments of Assistant Professor of Pastoral Theology at the Divinity School, and Lecturer in Anatomy at the Medical School. Completing his third year as a medical student, Assistant Chaplain McLucas is presently giving one-quarter time to the Chaplaincy. Mrs. Gunn is employed twenty-five hours a week to perform secretarial and hostess duties.

Inception

Seven years ago the position of "Chaplain to the School of Medicine" was established on the initiative of an informally constituted Yale Medical Center Committee. The committee saw a need for someone to take direct responsibility for the "human side" of medical education. While this included a concern for the teaching of medical ethics and the counseling of medical students, it was identified most broadly as a pastoral function. The committee wanted someone who would "get to know" medical students and work supportively with their humanistic needs and interests.

Sitting on the committee were a number of Medical Center physicians, the hospital chaplain, a Divinity School professor, two Medical School associate deans, and the chairman of the local interdenominational campus ministry board (United Ministries in Higher Education). The committee's task was to sell the chaplaincy idea to the Medical School, to secure the necessary initial financial backing from the U.M.H.E. Board, and to locate a suitable candidate for the Medical School's first full-time chaplain.

Duncombe came to Yale in the summer of 1967 to fill this post. His previous experience included five years as a boarding school chaplain, some graduate work and teaching (psychology of religion) at Yale, and most recently, a year's clinical training at a State mental hospital. He had no background in medicine, biological science, or even medical ethics. Apparently the committee's selection was based on faith alone!

Administrative Relationships

Before dissolving, this committee worked out a system of governance and support for the Chaplaincy. Duncombe found himself administratively related to four bodies. The U.M.H.E. Board took on the major responsibility for financing and directing the Chaplaincy. For them he wrote his reports and came to see himself as one of their three staff campus ministers. Within the Medical School he was listed as "administration" and was directly responsible to the Dean. This arrangement provided Duncombe with an office, a half-time secretary, office expenses, and an amazing amount of freedom to shape his own program. To facilitate access to clinical services, he was made a member of the Department of Religious Ministries at the Yale-New Haven Hospital across the street. There he participated as a part-time staff member, taking an occasional turn at night and weekend "on-call" duty, and later as a summer clinical training supervisor. Finally, Duncombe found an identity as a member of the Yale Religious Ministry, the interdenominational organization of campus ministers at Yale. They functioned more as a fraternal group for him, although occasionally they would cooperate on campus-wide projects.

Initial Direction--Goals and Objectives

Wisely, Duncombe feels, he was presented with neither a job description nor a defined set of goals and objectives. His commission was to create these by becoming sensitive to the needs around him. Operationally this meant "doing" little except talking and listening for the first few months. He found himself something of a walking curiosity to both students and faculty at first. "A chaplain in a medical school? What do you do?" The questions were never hostile or disinterested, and he soon found himself answering, "Well, I really don't know. What do you think a chaplain should do around here?" Soon he had many unofficial advisors and the beginnings of a program.

One of the earliest suggestions by an anatomy professor involved him more quickly than he expected in medical education. The professor said he felt "inadequate" answering the questions of first-year students about death and about the many related ethical and emotional issues that arose while the students dissected their cadavers. Would the Chaplain help? Duncombe admits that he had as many feelings and questions as any medical student in the lab, but this common experience of confronting death (as well as having to study anatomy) began to open doors. Perhaps most importantly, it gave him a feeling for the crushing academic and emotional demands upon medical students.

As Duncombe has gone from cadaver to cadaver talking with first-year students in the years since, he has learned that a medical student's "needs" are complex and change rapidly in this environment. One day a particular student will have an ethical or religious question on his mind, the next day a need to talk about an emotionally upsetting experience. The following day it may be an anatomical problem that most concerns him, or he may want to work without any interruption. For a chaplain to be able to pass easily between the humanistic and the technical with reasonable competence best suits this student's needs. It also seems to allow for the greatest trust to grow between student and chaplain. Duncombe has found that his presence in the gross anatomy labs provides an invaluable opportunity to get to know each student personally, and to have the students assess his value to them as they move through later years.

Program

This example is fairly typical of how the Chaplaincy program here has evolved: someone (usually not a chaplain) identifies a need, a chaplain talks with students and faculty about it; and if it seems significant enough and is not being (or cannot be) met by anyone else, a chaplain tries to "fill the gap." As passive a posture as this sounds, it has involved Duncombe and McLucas in some rather forthright experiments in medical education. Briefly, here are some of the things they have found themselves doing over the years.

1. Seminar on the Chronically Ill Patient. This course brings together medical, divinity, law, nursing, and public health students around the problems of sustained and terminal illness. Each student is assigned a patient to see each week, with the one purpose of attempting to understand "how illness affects his life" in all its physical, social, religious, emotional, and often legal dimensions. The students meet once a week in small, inter-professionally mixed groups of five with two supervisors. The idea here is to gain interviewing skills and insights into their patient interviews. One evening every two weeks, there is a general seminar for all students on some common aspect of chronic illness. In the six years that this course has been offered, it is still the most broadly inter-professional course at Yale, and perhaps in the country.*

2. Ethical-Theological Preceptorship. One morning a week a theologically-trained psychiatrist and Duncombe conducted a preceptorship with third- and fourth-year medical students in the hospital's medical outpatient clinic. Their procedure was to interest individual students in their "approach" to patient care through taking an interest in the students' patients. Most often they were invited to sit with the student and his patient and observe the interaction. Later they talked with the student, and in a socratic manner, tried to discover what was going on of human, ethical, or religious importance that he might have missed. Unfortunately, time and circumstances have prevented the continuation of this teaching program at present.

3. Yale Task Force on Genetics and Reproduction. After many student and faculty discussion groups on medical ethics had run out of steam, a poll of former participants showed a desire to "do more than talk," and a topic preference for the ethical problems posed by recent advances in genetics. The chaplains brought together some thirty interested people from medicine, divinity, law, and other backgrounds to work on specific tasks. Three projects have emerged with their own task force groups. One group is looking closely at the ethical presuppositions of the genetic counseling in our hospital's genetics and birth defects clinic. Another group is investigating the ethical implications of experimentation in human genetics. The third group is working on a complex scheme of decision-making for the screening of heterozygous carriers. The end result of these endeavors will be a series of reports, some possibly in the form of proposed state or national legislation. An all-day symposium at the 1972 A.A.A.S. Annual Meeting (Washington, D.C.) entitled "Genetics, Man, and Society" was sponsored by the Task Force

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* See Duncombe's "An Experiment in Inter-professional Training," J. Pastoral Care, XXIV (3), Sept., 1970, and his most recent evaluation of the course, "Five Years at Yale: The Seminar on the Chronically Ill," J. Pastoral Care (in press). Reprints available from Duncombe on request.

and will soon be published. Yet their recent failure to secure outside funding is restricting work underway, and presents a continuing threat to the future of this inter-professional group.

4. Medical Committee for Human Rights. M.C.H.R. has provided a good vehicle for involving medical students and faculty in health-related community and national issues. The Chaplain's office has been the organization's chapter office for six years, and Duncombe has been a chapter officer for as long. His role is one of supporting and enabling (not always uncritically) group effort around controversial issues. For example, M.C.H.R. is presently involved in New Haven with prison health, nutrition, occupational health, radiation hazards, and free clinics; and on the national scene, with health insurance proposals now before Congress.

5. Student Hospitality and Counseling. The Chaplain's office is fairly large and comfortable with coffee always available. Students drop in mostly during the morning either to grab some coffee or to sit around and relax with each other for awhile. It is not unusual to have forty to fifty visitors a day. Mrs. Gunn is especially skilled at making students feel at home. Some students stay to talk or to make appointments to see a chaplain privately during the afternoon when things quiet down. Student counseling is often around personal issues of marriage or adjustment to medical school, but quite often it is vocationally oriented (i.e., students having second thoughts about becoming a doctor, etc.) The demand for counseling has increased so much that we are always seeking ways for students to meet supportively with one another to talk about common problems.

6. Other Activities. Duncombe's 55-60 hour week is filled out by some of the following: four research projects (currently, human values in medical education; the meaning of informed consent; an autobiographically-oriented study of new forms of medical practice; religious significance of binocular rivalry imagery), teaching two Divinity School courses and occasional tutorials, speaking engagements (mostly medical ethics topics) in the community, committee leadership for a number of organizations (M.C.H.R., A.C.L.U., Society for Health and Human Values, Council of Churches Religion and Health Commission), and clinical pastoral training (summers). McLucas provides leadership in a number of projects mentioned above, as well as keeping the Chaplaincy closely attuned to student needs.

Across-the-board cutbacks by national and regional church bodies supporting U.M.H.E. for three successive years have necessitated a shift in the financial bases of the chaplaincy. Fortunately, Duncombe's teaching functions at the Medical and Divinity Schools have provided a basis for persuading these institutions to assume half-time salary support for the Chaplaincy. But with the increasing financial pressures on these schools, there is no guarantee that the Chaplaincy can remain funded.

New Directions

Living within a medical community has given the Chaplaincy a glimpse of a relationship between religion and medicine which has to do more with the science than the art of medicine. To understand the world in which ethical problems emerge and vocational decisions are made, Duncombe has involved himself at a number of points in the study of medical sciences. His interest in gross anatomy, for example, was initially a way of getting to know students and experiencing for himself some of their feelings about contact with the human body and with death and dying, and being inundated by an immense amount of information. Duncombe's continuing involvement with the discipline, however, led him to wonder whether there might not be more of religious importance to anatomy than this. To the extent that his time and understandings allowed, and aided by McLucas' growing technical proficiency in medicine, he has carried this same curiosity into the study of other pre-clinical sciences. The result has been a growing sense that something of religious significance is involved in human biological processes.

During the next few years the Chaplaincy intends to more deliberately raise and pursue questions about the religious basis of somatic processes. With the aid of colleagues from the Medical and Divinity Schools, the chaplains hope to be able to throw some light on which biological (systemic, organic, endocrinological, neural, cellular, biochemical, subatomic, etc.) functions are at work in persons behaving in religiously significant ways. How such study could throw new light on the "core" problems in medical ethics, religious values, and pastoral ministry to the sick is immediately suggested. Yet basic research conducted jointly by theologians and medical scientists also could hardly fail to affect profoundly the way ministers and doctors are educated and practice their professions in years to come.

Yale seems ideally suited to initiate this kind of study. It is one of the few universities in the nation with a distinguished theological and medical faculty, both strongly research-oriented. Duncombe plans to engage his faculty colleagues in extensive informal conversations, read the books and articles they suggest, and press them to think creatively with him about both the data and the questions that will be cumulatively generated by the process. From this, some writing and publishing is anticipated, but the main result will be a new teaching focus for both medical and divinity students--a focus that would enable students to begin to discover the basic relationships between theological and biological views of human life upon which rest their future ethical concerns and professional care as ministers and doctors. For medical students to see the spiritual and pastoral dimensions of their own life's work and divinity students to see more of the physical and biological dimensions of theirs would be the intention of such a teaching program.

Evaluation

The U.M.H.E. Board reviews the work of the Medical School Chaplaincy quarterly through oral and written reports made to them.* A year ago the Board appointed a six-man subcommittee to provide on-going evaluation and support of the Chaplaincy. The subcommittee meets every two months or so with the chaplains, students, and staff at the Medical School. Prior to this arrangement, only one formal evaluation of the program had been made by the Board. Student evaluations (written) of Duncombe's teaching at the Medical and Divinity Schools and in Clinical Pastoral Education programs are made available to him.

Less formally, Duncombe has experienced during his seven years little difficulty from students or faculty in initiating or carrying through these programs. Relations have been consistently warm and cordial. Occasionally, removed posters promoting M.C.H.R. activities have reminded the chaplains that not everything they do or are identified with is uncontroversial or gratefully received. But on the whole, the Chaplaincy's greatest difficulty is being perceived as a helpful but relatively "marginal" force in medical education. There is no doubt they see much more of the students during their first "impressionable" year than later on. How to rectify this remains an unsolved problem. No matter how "interesting" or even ultimately important a student sees the human, ethical, or religious approach, when he finds himself getting through only half of his pathology or physiology each night, even the ultimately important moves to the periphery of his existence.

For this reason other ministers in medical education have chosen a role closer to the decision-making processes that affect the relative weight of curricular values within a medical school.** Yale's style of operation emphasizes student ministry in the midst of existing structures to a greater extent than involvement with faculty and administration around issues of governance and curriculum change. As the results of their research on the teaching of human values in medical education begin to take shape, perhaps there will be an opportunity to suggest ways of changing curriculum in light of the more important findings.

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* Annual written reports can be secured on request from Duncombe.

** David C. Duncombe and Kenneth E. Spilman, "A New Breed: Ministers in Medical Education", J. Medical Education, Vol. 46, Dec. 1971. Reprints available from author on request. Published every two or three years is a mimeographed compendium of self-descriptions of other ministries: David C. Duncombe (ed.) Ministers in Medical Education: 36 Styles of Engagement in Medical Education, (3rd ed.), Society for Health and Human Values 1972. Although currently in short supply, requests can be directed to the S.H.H.V. office at 723 Witherspoon Building, Philadelphia, Pa. 19107.

Conceptualization

The Chaplaincy conceptualizes itself in fairly strategic terms. It takes as its model the vision of Kenneth Underwood in The Church, the University and Social Policy. Underwood saw both the need and the opportunity for the church in the university to play a key role in contemporary society. This is the role of bringing to rapidly evolving technical (here medical) knowledge the kind of theological and ethical reflection that would enable the university to become the shaper of social policy for the decades ahead.

To the chaplains this means being where the student is, struggling to understand and sort out the data with which he is deluged each day. It is not so much teaching in the sense of adding new information as it is suggesting other ways of valuing and sorting out the information he is already learning. In the final analysis, the chaplain's job is seen as helping the student become a better medical scientist and practitioner. He does this by calling attention to the great complexity of forces bearing upon a patient and his illness, constantly introducing more variables into the picture and socratically raising thorny questions of values, of ethics, and of life and death. Other faculty may do this far better than the chaplains, or they may not; but probably no one else sees this as his major responsibility within the Medical School.

III. FUTURE DIRECTIONS

To achieve a broader base for planning in the field of health care and human values, Dean Robert Berliner of the Medical School recently appointed an advisory committee of distinguished Yale faculty in medicine, public health, pediatrics, philosophy, law, ethics, sociology and political science: Dr. Elisha Atkins, Dr. Charles Cook, Sr. Margaret Farley, Dr. Jay Katz, Dr. Richard Lee, Dr. Robert J. Levine, Prof. Charles Lindblom, Prof. Jerome Myers, Dr. Adrian Ostfeld, Prof. John Smith and Dr. Arthur Viseltear; Dr. Fritz Redlich, chairman.

Already proposed for the coming academic year are University-wide conferences on Patient Care and Human Values. The format of the conference will be to present and discuss in a scholarly fashion a patient-care problem which requires decisions related to human values. Faculty and students from the concerned schools will be invited to attend. It is planned to make this conference similar to the successful conferences on Society and Medicine which Dr. Thomas Hunter and Professor Joseph Fletcher have been conducting at the University of Virginia School of Medicine.

Other forms of engagement with value problems in health care may take the shape of an inter-professional faculty seminar group, more course offerings in medical ethics and human values, and broadened clinical experiences for students in all the helping professions. Among the strengths of Yale University are its inter-professional resources. Serious attention to values and health care lies in the use of these resources in complementation.

HOWARD UNIVERSITY
School of Allied Health Professions

Prepared by
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Department of Humanities

Program Title and Objectives

At the present time, the human values program of the School of Allied Health Professions at Howard University is one course called "Images of Man," a two-semester sequence designed to introduce students to a broad spectrum of human experience, the various values that govern man's choices, and the quality of life as it is lived according to varying patterns. Hopefully, if students understand the choices available to man and the results of those choices, they will be better able to make wise choices that will improve both their own lives and the lives of others who will depend on them for health care.

In part, these goals are the goals of all liberal education, but the persistent problem of bringing our ideals into the practicality of our actual experience, which has always called for educational innovations, is aggravated by the limited time and the demanding technical needs of the allied health student. Therefore, in an effort to accomplish an enormous, vital task in a short time, "Images of Man" was created.

Origin and Development

The idea of the course began to emerge at a 1971 luncheon meeting at which Dr. Thomas F. Johnson, Acting Dean of the projected School of Allied Health Professions, posed some powerful questions to a group of Howard faculty who were, each in his own discipline, searching to provide answers: "How do we teach the inherent worth of human life? How do we educate students to care for the man as well as his malady? How can we help students to feel that a life of service holds riches beyond payment received for services performed? Is it possible in the classroom to persuade students that the good life is lived by genuinely considerate people who care for each other and who help to sustain each other? "How can we, who believe that man helping man can improve the health and happiness of all men, perpetuate those values among those in our charge? How can we teach the values of being human and have those values take life in the lives and work of our students?"

Allies and Resources

These and other questions were posed to the Dean of the School of Religion, Dr. Samuel Gandy; the Chairman of the Department of Philosophy, Dr. Winston McAllister; a senior professor from the Department of Psychology, Dr. James Bayton; the Director of the Social Science Program, Mr. Ducarmel Bocage; the Director of the Humanities Program, Dr. Doris Adler; and Dr. Johnson's Acting Assistant, Mr. Russell Davis from the area of Physical Medicine and Rehabilitation.

Each professor in his own area had created and taught courses designed to improve the quality of human life through the knowledge and values of his discipline, but each had also taught his own discipline: the historical development, principles, methodology, and the body of factual and theoretical knowledge that constitutes even an introduction to the study of religion, philosophy, psychology, social science or the classical and modern literature that constitute the humanities at Howard University. The major question addressed to them by Dr. Johnson was, "How can the teachings and values of the various disciplines be brought together in one course to serve students who need strong human values, but who have demanding schedules of technical courses?"

Rationale and Description of Course

From the germ of the idea that emerged at that meeting, a basic concept, format, and approach developed. The problem that had been raised was discussed in smaller committee sessions attended by various members of the various disciplines throughout that spring, and the first, major conclusion was that the focus of the course must be neither a specific discipline nor set of values, but rather man himself. After posing various patterns of organization, such as "man as a provider," "man as a problem solver," "man as a creator," "man as a healer," we arrived at the pattern which seemed most satisfactorily to provide a logical format for drawing upon and integrating the various disciplines. Conceiving of the course as a two-semester sequence, with the basic principles and framework of understanding to be established in the first semester, and the specific problems, accomplishments, and illustrations to be studied in the second, we established the following format.

First, the study of man alone, concerned initially with man as a dependent creature, governed and influenced by physiological and psychological determinants; and then, later, as one who must find solutions to his problem of literal or psychological isolation. Second, man in the family, where the roles and insights of psychology and sociology are almost inseparable, and where, in many instances, philosophy and religion are concerned. Third, man's individual relationships as they move beyond the family: man with one other--with companion, friend, lover, enemy, employer, etc. Again, we must call upon psychology, sociology, and religion. Fourth, the study of man in his immediate community and the patterns of services and accommodations that must be made when men live together. Fifth, the role of *man in the world community* and the complex inter-dependence of the total human system. And finally, *man with more than man*: man's relationship to the laws of nature as he perceives them through science, and to mystery as he perceives it through contemplation, art, and religion.

Style of Teaching

Having arrived at a broad concept of the course, and facing the fact that no one knows an absolutely reliable method of educating another, we concluded that we would try to combine three reasonably successful methods of instruction: classroom lectures and discussions based on a specified course of reading, individual investigation and research in some area related to the total course, and observation and application of values in a practical situation. Each of the three methods seemed particularly well suited to a specific aspect of the course as we conceived it. Set bodies of knowledge (such as the elementary principles of psychology, basic sociological assumptions, principles of reasoning, conventional forms of communication, and the development of ideas, forms and institutions) need to be shared with a degree of commonality that seems best served by the reading-lecture-discussion method.

On the other hand, we decided that individual student investigation of the behavior patterns of man in widely divergent cultures would best serve to break provincial patterns of thought and to encourage an objective appraisal of the patterns and values of our own culture.

Finally, wishing to establish early the habit patterns of considerate human behavior, we hoped to create a number of practical situations (such as aide duty in the waiting room of an emergency room) in which a student in the process of serving others could be assigned to observe the behavior of others, evaluate that behavior in terms of the classroom discussions, and thereby become more aware of his own behavior.

With these general ideas of the goals, format, and method of the course, we spent the summer and most of the following year in searching and organizing materials. With the help of a summer research assistant, bibliographies were collected from the departments of psychology, philosophy, sociology, anthropology, and humanities. A variety of texts were examined, librarians consulted, and materials studied. The impossible process of selection began, and with it the dream of creating our own text, or a classroom library.

But this dream was only a part of the larger dream that all of us shared and fed. We dreamed of a place, a room or center, where students could come and work together with staff formally and informally, where materials could be accumulated and displayed, where music could be played, paintings displayed, films viewed, where craft materials could be available so that students could discover with their own hands how man has sought to shape his ideals and experiences into art. We dreamed of making the classroom itself a bombardment of experience and encounter with a great variety of experts from various areas, contrasting films--documentary and commercial--on the same topic, commissioned dramas on specific themes.

History of Course

And then it was spring and a group of MEDEX needed the course. For its initial experience, the course substituted one teacher for all those dreamed experiences that require so much time for planning, space for execution, and money, money, money. During the spring of 1973, Ruth Redding, whose background includes working in physical therapy, a graduate degree in economics, and experience in music, painting, sculpture, and literature, conducted the "Images of Man" class as a Saturday morning seminar for the MEDEX students. With the pressures of time, the course was limited to reading and discussion, but both students and instructor found it valuable.

The course was scheduled to begin as a regular three-hour-per-week program in the fall of 1973. Dr. Johnson urged me to teach it, even on an unofficial basis, since I had been a part of the planning from the beginning, and consider myself a generalist in my approach to teaching. I needed little urging, and have learned a great deal through my experience with the class. Again we were limited by time, classroom space, and funds, but we were able to put many of our ideas into practice.

The class of about thirty second-year students met in a mobile unit classroom at noon, three days a week. We established as a working premise of the course that the basic values of a society or culture determine the patterns of behavior of its members; therefore the study of our own behavior through reading and discussion, observation, and comparing and contrasting our patterns with those of other cultures might logically help us to understand what our primary values are, and to determine whether to affirm, reject, or alter those values in our own behavior. We also established immediately that the function of the course was to investigate values, not to impose a set of predetermined values. Of course, I pointed out that each of us held certain values to be sacred, and that I was no exception, but that all values were open to questioning, and no matter how much I seemed to stress my own values, they were not necessarily "right," and should not be approved without reason and evidence to support them.

Our classroom was not the experience center of our earlier dreams. For the textbook we had dreamed of finding or writing, we substituted a general bibliography drawn from the fields of psychology, sociology, and anthropology, and relied on the students' own research techniques to supply for each of the six units the general characteristics, attributes, and limitations of man in each of the roles. For the practicum experience of observing while serving, each student was asked to write an objective observation of one or more persons in each of the roles.

Only the individual research of another culture remained as we had originally conceived it, and proved to be perhaps the most valuable part of the course. Each student chose a nation or society that he wanted to study for the entire semester, and submitted his findings about the behavior of that culture for each of the six units. We spent approximately two weeks on each of the units, or "images." For each of these--man alone, in the family, with one other, in immediate community, in world community, and with more than man--each student did outside work and presented three short papers: one on general characteristics, attributes, and limitations, with the central focus on those characteristics which are common to all man; the second, an actual observation of a member of our society; and finally a report on the practices of another society.

The class hours were a combination of lecture, discussion, and student reports. I always had a lecture prepared, generally on aspects of psychology or sociology that are not immediately accessible to a beginning student, or on principles that are either not easily understood or are not immediately perceivable in broader application. I do not mean that I had a written hour-long lecture prepared for each class, but rather that for each given topic, I pulled together thoughts and information on social patterns, class distinctions, fraternal organizations, and examples from literature of friendships, lovers, enemies, honorable opponents, etc.

Upon arriving for class, I often found the group bristling with questions or eager to discuss situations they had encountered in their reading, and I think my most valuable function was to act as a discussion leader, guiding their thoughts and questions into more coherent, logical directions, and allowing them to perceive the larger questions below their surface discontents. On occasion, I assigned a panel of students to report on their findings from other cultures, and these hours almost always provoked both enormous curiosity and volunteered information about the variations of a pattern of behavior either in our own culture, or in the cultures investigated by other members of the class.

Evaluation

How does one ever say, validly, whether a class is succeeding or not? Certainly our first experience with "Images of Man" was far removed from our conception of the course; even more certainly, my own system of evaluation is not one that can be schematized and applied to any other class.

My first and most reassuring indication that the idea of the course was operative was in the behavior of the class. The students began to assume an attitude and a pattern of behavior which I can only describe as one of greater freedom and more logical, natural human behavior. With no pattern of decorum dictated either openly or tacitly from the front of the room, a number of subtle and interesting patterns began to develop. The seating arrangement began to change; chairs were moved to accommodate the various social groupings within the class, and these social groupings in some instances reflected the related cultures that the students were investigating--for example, the two students who were studying different patterns of Eskimo life gradually moved closer and closer together.

More and more students appeared with lunches or snacks: what could be more logical at noon? Where does most of our good, non-academic talk take place except in association with food? When students finally asked if it were all right to eat in class, I told them I thought it was "more human" to teach eating students than hungry students, that I had rather have their minds on the class discussions than on how many minutes before they could eat. I found that buzz sessions allowed in one corner of the room while another discussion was in progress almost always resulted in some pertinent, valuable questions being posed to the entire group.

My own evaluation of the behavior of the class was that the students were treating the classroom as a testing ground for some basic questions. Is it possible to change established patterns of behavior? Is is possible to exercise ideal values in actual behavior? It seemed to me that we were a more considerate and valuable classroom than many we had known, and that this in itself was the greatest proof that other established patterns of behavior could be changed.

But I know that the first class of a course, like a first child, seems precocious and dear no matter how rotten it is, and I had great fears that I was substituting my delight with the class for their learning, until one day late in the semester. I arrived at the classroom prepared to give a fifty-minute summary of the three dominant forms of religion, since the outside reading on this subject had been particularly unsatisfying. Finding the class already in session without me, I said nothing until the student who was sitting in front of the class addressed me: "Mrs. Adler, there are a whole lot of things we need to talk about on this whole subject of marriage, and the roles of men and women, that we were just not ready for early in the semester when we studied man in the family."

I took my place with the rest of the students and spent a valuable hour of investigation. The objective presentation and arrangement of evidence both for and against familiar concepts, and the open-minded questioning of personal values were impressive, but the thing that delighted my soul and made me feel that we had all surely done something right was the students' perception and concern for each other as sensitive, valuable human beings. During the course of the discussion, various class members would speak up to say, "Now wait a minute, let her speak. You know she won't just break in like some people." "Go on, you don't have to be scared. We all have thoughts that are scary to say out loud." "That's what everyone says, but if you feel different, tell us why."

My delight with that first class was confirmed on their final examination, where I asked them to design an ideal society. Every student created a utopia where all children are loved, where all people are gentle teachers, where each man cares for his neighbor, where no man strives for more than he needs, where all men cooperate with each other, where no services are menial, where all take pleasure in the round of the seasons and the cycle of men's lives. If the class had failed, it failed on the side of idealism, not in the inhumanity of the marketplace.

Plans for Change

We are now in the second semester of "Images of Man," and are working with the same images (man alone, in the family, with one other, in immediate community, in world community, and with more than man) as they are expressed in man's work and art. Since my own specialty is literature, and since I find it is almost impossible to teach the disciplines of more than one art form in a semester, the course is designed around four books which are used both as examples of man's achievements in a complex craft and as expressions of many of the dreams and problems of man. The four books are Ralph Ellison's *Invisible Man*, an intricately crafted novel concerned with the individual's search for valid relationships within society; Albert Camus's *The Plague*, a novel that focuses on man's values through the experience of doctors, their colleagues, and patients in a city quarantined by a plague; Shakespeare's *King Lear*, a timeless illustration of our greatest verbal art and of the interrelation of individual man, man in the family, man in the broader world, and man with mystery; and Joseph Campbell's *Myths to Live By*, a collection of essays on the subject of man's ritual needs and the expression of those needs in the major myths of the world.

It is too early in the semester to make any really valid conclusion about how the course is going, except for a few important observations. A group of students from the Physician's Assistant Program have joined the class for a few weeks, and it is these students--and only these--who are raising questions about the relevance of analyzing a novel to studying human values. The students who participated in the first semester of

"Images of Man" are operating easily within the framework that any selection, distortion, or arrangement of the raw material of life is art, and that a people's art is a reflection of a people's values. The more thoroughly one understands our art, the more thoroughly does one understand our values. The students who have worked together for a semester understand this, while those who have just joined us are constantly stopping discussion to ask, "Why?" We are all backtracking a little to explain, and the explanations themselves may be of value.

There are a great many things we want for future classes of "Images of Man." While the individual investigations of other cultures are valuable, and the panels and discussions that emerge from them afford some total class understanding of the diversity of man and the various human choices possible to him, only the instructor has the experience of fully encountering all of the cultures for each unit. A film--perhaps a composite of existing slides and tapes that could be used to present a wide variety of work patterns in various cultures, or parents with children, or man healing, or worshipping--would both reinforce and expand the effects of the individual research.

But what is needed more than anything else is more time, and I think the informal, unscheduled time is not only all that can be afforded within the demanding technical schedule, but perhaps the most valuable. We still dream of a Humanities Center that could serve like a Nature Center in a state park, both as a place for formal learning and a place to come in moments of leisure to look, to listen, to rest quietly in the belief that humanity is so often better than it seems, and that there is hope in our simple human choices.

UNIVERSITY OF FLORIDA
College of Medicine

Prepared by
Sam A. Banks, Ph.D.
Division of Community Studies
Department of Community Health
and Family Medicine

The humanities and social sciences are given an intensive, clinically-oriented focus through the Division of Community Studies of the Department of Community Health and Family Medicine. The purpose of this division of the medical faculty is to introduce humanistic studies into the academic, professional, and personal life of the medical student as he participates in the clinical "triangle" relationship with his attending physician and with the recipients of health care. In order to perform this task effectively, the division must participate in teaching, research, and service activities that span the spectrum from pre-medical learning through the residency programs.

Currently, our faculty include a professor with joint degrees in social psychology and religious studies, two medical anthropologists, a professor who relates literary studies to medicine, a medical economist, a health systems analyst, an associate who specializes in community and minority group relationships, a management scientists, and a professor of public administration. We are considering the addition of a medical sociologist and a professor of law and medicine. Faculty in the division are encouraged to retain strong working relationships with University departments representing their primary disciplines. While some give full time to the College of Medicine, others receive part, major, or full financial support from these areas beyond the Health Center. These representatives of diverse fields are bound together by a common task: the introduction of humanistic perspectives into the pre-medical, medical, and house-staff curriculum in a continuous, systematic manner.

Teaching

Under a grant from the National Endowment for the Humanities, the Division has designed two courses specifically for advanced pre-medical students who wish to apply the concepts, materials, and methods of the humanities and social sciences to the issues and concerns underlying the life and work of the doctor. One course (ASC 530), entitled "Humanistic Issues in Health Care," is a seminar limited to 25 students and carrying four quarter-hours of credit. The primary instructors are an internist, a social psychologist, and a professor of literature. In addition, a resource faculty from the Departments of Philosophy, History, Religion, Psychology, Sociology, Anthropology, and Psychiatry participate in one or more sessions. Each class period provides an opportunity for review of assigned readings, contributions by regular and resource faculty members, and discussion of a range of issues related to the topic. In addition, case presentations and recordings of patient interviews are often introduced. Where appropriate, classes are held "on site" in community health care settings. The course schedule represents a progression of related topics:

Session I : "Medical and Non-Medical Models of Man's Nature, Predicament, and Fulfillment"

Session II : "The Body: Pain and Dysfunction"

Session III : "Personal and Social Sources of Emotional Disorder"

Session IV : "The Experience of Death"

Session V : "Chronic Illnesses: Physician and Patient Limitations"

Session VI : "Technological Advances, Clinical Decisions, and Humanistic Considerations"

Session VII : "Informed Consent and Patient Rights"

Session VIII: "Decision-Making and the Politics of Health Institutions"

Session IX : "Race, Class, and Sex Factors in Health Care Delivery"

The second course in the pre-medical sequence is a seminar on "Images of Death and Dying in Literature." Again, the primary instructors are a professor of literature and medicine, a social psychologist, and an internist. In contrast to the previous course, however, the focus is on one humanistic discipline, literature. Clinical professors from a number of medical school departments serve as the resource faculty. One paradigm experience serves as the gateway into discussion of the physician's understanding of a number of life dimensions: limitation, anxiety, guilt, transcendence, hope, etc. Contemporary and earlier writings reflecting man's experience and interpretation of dying serve as the focus of the course.

The medical student participates in his first year in a required three-quarter course sequence, "Introduction to Human Behavior." The Division has primary responsibility for the third quarter of this sequence. The progression of weekly topics raises issues affecting the physician's values and attitudes in practice, indicating resources from the humanities, social sciences, law, and clinicians' experiences that will help the student define and deal with some of the problems posed by the care of human beings. Wherever possible, cases, doctor-patient interactions, and specific events in a community practice are the focus of the discussions. Presentations include tape recordings, role play, panels, clinical incidents, and informal lectures. The primary instructors are a clinical professor and a social scientist-humanist. The following sessions compose the course:

I. "The Doctor and His Work"

II. "Attitudes, Demands, and Resistances of Patients in Treatment Settings"

III. "Death, Loss, and Grief"

IV. "The Chronically Ill Patient"

V. "Patients' Pain, Anxiety, and Guilt"

VI. "Family Conflicts of Patients"

VII. "Personal and Family Problems of Physicians"

VIII. "Financial Issues in Patient Care"

IX. "Legal Problems in Patient Care"

X. "Ethical Questions in Medical Decision-Making"

When the student completes his basic science courses and enters the clinical clerkship period, he has two specific points of contact with our Division. During the psychiatric clerkship, he participates in a seminar on "Human Values and Patient Care," which centers on his interactions with specific patients as these reflect his basic attitudes and the patient's world of expectations and priorities. In small-group sessions, the student has an opportunity to see and evaluate his responses in televised and recorded patient interviews, intensive role-playing of actual cases, and the use of game models which give the student a safe arena for examining his own understandings and actions. Conceptual models and theoretical sources from the humanities and social sciences are introduced so the student can become aware of their relevance to the clinical problems at hand. The seminar sections meet weekly over a two-month period.

The student also takes part in a five-week full-time clinical rotation in the Department of Community Health and Family Medicine. During this period, our Division participates with others in the Department in providing a wide range of community settings beyond the limited and somewhat artificial environment of a health center. Students work and learn in an inner-city ghetto storefront clinic; a rural health center that serves as the only resource for an entire county; a university health program for late adolescents and young adults; a community clinic staffed by physicians' assistants; or one of 100 preceptorships in communities across the state.

During these community clinical experiences, students encounter a broad range of families embodying world-views expressive of man's rich history and complex community structures. Through contacts with our medical anthropologist and others, students are encouraged to relate their learnings from humanistic studies to the challenges that the community poses through these patient-representatives. It is the contention of the Division that social sciences and humanities are "basic sciences of the community," essential to the effective practice of today's emerging physician:

> It is almost universally accepted that the medical student must have a working knowledge of certain "basic sciences" before he can begin to master clinical medicine. A comparable set of "basic sciences" exists for the student who is learning to practice community medicine on a scientific basic. . . .The physician practicing community medicine must act as a "social change agent," stimulating and leading the population to alter their behavior in ways that will foster better health. Obviously, then, he must understand how health behavior is determined by cultural patterns, how these patterns came into being, the value systems on which they are based, and the motivations that sustain them. Furthermore, if he is to mobilize individual and community resources to produce the required changes, he must understand the interaction between the individual and the social group. (W. Lathem and A. Newberry, Community Medicine.)

During the last 18 months of his medical school study, the student may elect his course program under the supervision of a faculty committee. The Division of Community Studies, through its elective program in "Social and Cultural Perspectives in Medicine," allows students to participate on a part-time or full-time basis for one or two quarters in any of five humanistically-oriented social science areas (psychology, sociology, anthropology, economics, and management sciences) as these relate to health care problems and practice. Research projects, field studies, formal courses, clinical activities, individual studies, and seminars are blended into a program "package" to meet the interests of each individual student.

An elective advanced seminar in "Health Care Systems and Community Systems" provides a central core of study to which these students may return. Thus, they are continually oscillating between areas of intensive study related to health care, and a common experience designed to examine the relationship of these studies to specific health care issues. In the seminar, students consider concrete instances of interaction between health care systems and family groupings, religious institutions, communications media, political influences, and economic systems. Small-city, rural, and inner-city communities are used as models. The effect of one specific form of health care upon another in the community is explored (for example, the impact of the introduction of a private hospital upon the county hospital and regional referral hospital in the same community). Weekly three-hour sessions include:

1. "The Use and Abuse of Health Care" (Patterns of need and utilization by health care recipients.)
2. "The Family as Medical Migrant" (Relationship of family systems to health care systems.)
3. "A Doctor's Dilemma: Religious Values, Family Planning, and Abortion" (Relationship of religious systems to health care systems.)
4. "Two Worlds: Medicine and Media" (Relationship of mass communication systems to health care systems.)
5. "The Politics of Mental Health" (Relationship of political systems to health care systems.)
6. "The Local Doctor and National Health Insurance" (Relationship of economic systems to health care systems.)
7. "Wide-Open Ghetto: Rural Views of Health Care"
8. "The Waiting Room: Inner-City Health and Care"
9. "An Institutional Web: Private, County and Regional Hospitals"

Family practice residents in our three post-graduate programs require significant "behavioral science" study in order to pass their professional board examinations. The Division of Community Studies participates in the planning and teaching of the three components--psychological medicine, social science, and management science--offering seminars that formulate a humanistic framework for the use of these studies in medical settings. In addition, members of the Division are involved regularly in the curriculum of our departmental Physician's

Assistant Program, as well as upper-division and graduate courses in the Departments of Anthropology, Economics, and Religious Studies.

Research and Service

As courses are introduced, methods of continuing evaluation are initiated. The pre-medical courses are televised and the tapes reviewed by the instructors and a committee of department heads. In addition, the review committee is provided with the computed results of interviews with all students and faculty before and after each course during this experimental phase. Further, trained observers record the forms of class interaction during each session on forms designed for computer analysis. The results of these evaluative measures will provide some information for consideration of the future development of pre-professional humanistic education.

At the completion of their clinical clerkship, all medical students evaluate their experiences. The results of these interviews and questionnaires have provided the Department of Community Health with valuable data regarding our approaches to teaching and the student's perceptions and feelings about his learning experiences. Descriptions of the findings and the methods developed have been published in the Journal of Medical Education.

Studies of the patterns of care and patient response in our rural Lafayette County Health Center are the focus of a volume called The Health of a Rural County, now in press (University of Florida Press). In addition, members of the Division, together with other divisions in the Department, are engaged in the study of the impact of health care programs on the values, experiences, and behavior of rural patients, migrant workers, and Medicaid recipients. These varied studies indicate the conviction of the faculty that humanistic concerns must lead to concrete explorations of the human situation. Another instance of this commitment is the study (by our medical economist) of physicians' fee-setting decisions and practices.

The Department of Community Health has instituted a number of service programs in various communities. Through the use of student volunteers, a medical clinic is maintained for low income groups in the Gainesville area. We maintain a comprehensive health care service for a doctorless county, a physician's assistant clinic in another rural county, and medical consultation for a church-sponsored comunity comprised of aging persons and children from broken homes. In addition, we are currently planning a health care system designed to serve four rural counties. The Department has refused to split service activities from education and research. All of the programs mentioned above are arenas for learning, integrated into the teaching and research activities described.

Future plans include the increasing consolidation of the programs outlined above. In addition, we hope to extend our teaching to include a continuing education program in "medical humanities" for the physician in practice. While we currently have a post-doctoral fellow studying with us under a grant from the National Endowment for the Humanities, we wish to enter into the teaching of humanists for medical education careers in a fuller way. Through the newly established university-wide Center for Studies in the Humanities, we look forward to a broader case for a cooperative, interdisciplinary mesh of the liberal arts and social sciences with pre-professional and professional education.

MEDICAL COLLEGE OF GEORGIA
School of Medicine

Prepared by
Russell R. Moores, M.D.
Office of Humanities

Administrative Structure, Staffing, and Support

The Office of Humanities at the Medical College of Georgia works directly from the Dean's Office in the School of Medicine. It was established in July, 1971, and staffed initially by two full-time faculty members: Russell R. Moores, a physician, as Professor of Humanities and Medicine; and Daniel M. Munn, an Anglican priest with graduate training in psychology and education as Associate Professor. Richard M. Martin, a philosopher and ethicist, joined the faculty in August, 1972, as Assistant Professor of Humanities. These three full-time faculty positions are funded entirely from "hard money" by the Medical College. The school also furnishes a full-time secretary, and a supply and travel budget.

Origin and Development

The events leading to the Office of Humanities actually started in the fall of 1967 with the establishment by the Dean of a committee on "Medicine in the Modern World" to present 2-3 programs a year utilizing guest faculty in such areas as Law and Medicine, Religion and Medicine, and Government and Medicine. Both Father Munn (as Chaplain and part-time faculty member in the Division of Educational Research and Development) and Dr. Moores (as a full-time faculty member in the Department of Internal Medicine) were members of this committee.

History of Program

In the fall of 1969, a required course in "Behavioral Sciences" was established in the freshman year, running two hours a week for twenty-seven weeks. This bloc was apportioned equally among "Normal Human Sexuality," "Human Development," and "Humanities." Because of overall cutback in contact time, this was decreased to eighteen weeks in 1971, with each component having six rather than nine two-hour sessions, and "Medical Social Sciences" replacing the sexuality portion. Finally, following the establishment of the Office of Humanities in 1971, separate required courses in Humanities and Behavioral Sciences were established. Humanities met for two hours on Friday mornings during the first quarter of the freshman year (fourteen weeks), and Behavioral Sciences for two hours on Wednesday mornings during the second quarter (ten weeks).

Funding

One of our primary concerns initially was to obtain funds to help us in our planning. We approached some 20-25 foundations seeking support, and were turned down by all, including the National Endowment for the Humanities, which could "see no evidence of support from our school" (despite three full-time faculty positions, a secretarial position, and travel and supply budgets). We have therefore conducted our entire program on the generous support of our medical school.

Allies and Resources

As our program has developed, we have encountered various allies -- as well as antagonists. In general, the administrations of both the School of Medicine and the Medical College (which comprises Schools of Medicine, Nursing, Dentistry, Allied Health Sciences, and Graduate Studies) have been most helpful. Having two full-time chaplains (one Anglican and one Baptist) has helped, also. Various sympathetic psychologists and sociologists are scattered through the Departments of Psychiatry and Neurology. Many individual faculty members have been avid supporters, although the majority tend to be indifferent at best.

Description of Humanities Course (Required)

Below is the outline of our required course in the freshman year:

1972

Sept. 15	Concepts of the Physician
Sept. 22	Human Sexuality
Sept. 29	Issues Regarding Humanities and Medicine
Oct. 6	Death
Oct. 13	Philosophy in Science
Oct. 20	Alternate Disease Models - Demonic Possession vs. Split Personality
Oct. 27	Concepts of Disease
Nov. 3	Law and Medicine
Nov. 10	Ethical Problems
Nov. 17	Family and Health
Dec. 1	Religion and Medicine
Dec. 8	Forms of Health Care Delivery
Dec. 15	Forms of Health Care Delivery

1973

Sept. 14	Concepts of the Physician
Sept. 21	Concepts of the Physician
Sept. 28	Present State of the Health Care System
Oct. 5	The Role of Research
Oct. 12	Alternate Disease Models - Possession vs. Split Personality
Oct. 19	Religion and Medicine
Oct. 26	Medical Ethics
Nov. 2	Death and Dying
Nov. 9	Death and Dying
Nov. 16	The Family
Nov. 30	Law and Medicine
Dec. 7	Law and Medicine
Dec. 14	Forensic Medicine

The changes between the 1972 and the 1973 schedules were primarily the result of an extensive evaluation questionnaire given the students. This was anonymous, but required. A similar procedure has been used to evaluate the 1973 course.

Electives*

In addition to the "core" course, electives have been offered since 1969. Freshman and sophomore students have electives for one or two afternoons a week for one quarter. We have generally offered one general elective, "The Medical Student and his Environment," in which we have been free to explore any issues the students care to raise. The number taking this has varied from 0-12 in various years. Various special electives in such areas as Parapsychology, Mysticism, Linguistics, Religion, Communications Skills, and Sexuality have also been worked out for individual students.

Other Teaching Activities

Electives are also offered to the junior and senior students. These are of one month duration, and have dealt with Mysticism, Death and Dying, Parapsychology, Religious Thought and Psychiatric Theory, Sexuality or any other specific need perceived by the individual student. About 6-10 junior or senior students have taken these each year.

Besides the core and elective programs, Dr. Martin makes regular rounds with the attending physician on the Internal Medicine Service, thereby bringing an entirely different viewpoint to the bedside. The Humanities faculty also take part with the Division of Hematology in simulated student encounters with patients who have terminal illness. These are taped and then critiqued for the students.

The Office of Humanities has also had major input into the special curriculum program of the Medical College. This is an interdisciplinary program for medical students, nursing students, and physician's assistant students, utilizing early patient exposure, computer-assisted instruction, and self-help materials. In addition to the Humanities input, Father Munn has conducted extensive training sessions in interpersonal relationships and group dynamics.

Although the major emphasis has been within the School of Medicine, many sessions have been carried out on an ad hoc basis for the Schools of Dentistry, Nursing, and Allied Health Sciences. These have been in the areas of group dynamics, death and dying, and sexuality, and are on a continuing basis as time, personnel, and interest permit.

Objectives

Perhaps we can best summarize our objectives as "to introduce the students to medicine beyond the molecular level."

BOOKS FREQUENTLY USED IN ELECTIVE COURSES

Submitted by
Russell R. Moores, M.D.

1. The Exorcist - William P. Blatty - Harper & Row - 1971
2. Foundation of Tibetan Mysticism - Lama Anagarika Govinda - Samuel Weiser, Inc.
3. Estatic Religion - I M. Lewis - Penguin Books - 1971
4. The Kabbalah - Adolphe Frank - University Books - 1967
5. Human Personality and Its Survival of Bodily Death - F. W. H. Myers - University Books - 1961
6. The Tibetan Book of the Dead - W. Y. Evans-Wentz - Oxford University Press - 1960
7. Malleus Maleficarum - Montague Summers - Benjamin Blom, Inc. - 1970
8. Witchcraft and Sorcery - Max Marwick - Penguin Books - 1970
9. Freud, Jung and Occultism - Nandor Fodor - University Books - 1971
10. The Bhagavad Gita - Tapovanam Publication Section - 1972
11. The I Ching - Richard Wilhelm - Carrie Baynes - Princeton - 1967
12. Possession, Demoniacal and Other - T. K. Oesterreich - University Books - 1966
13. Extrasensory Perception - Gertrude Schmeidler - Atherton Press - 1969
14. Extrasensory Perception - J. B. Rhine - Bruce Humphries Press - 1964
15. Progress in Parapsychology - J. B. Rhine - Parapsychology Press - 1971
16. From Anecdote to Experiment in Psychical Research - Robert Thouless - Rutledge and Kegan Paul - 1972
17. Mind Over Matter - Louisa Rhine - Macmillan Co. - 1970
18. Sigmund Freud and the Jewish Mystical Tradition - David Bakan - Von Nostrand - 1958

19. On Becoming a Person - Carl Rogers - Houghton Mifflin Company - 1961

20. Toward an American Theology - Herbert W. Richardson - Harper & Row - 1967

21. Ethics and the New Medicine - Harmon Smith - Abingdon - 1970

22. Ethical Judgement - Abram Edel - Free Press - 1955

23. Abortion: Law, Choice and Morality - Daniel Callahan - The Macmillan Co. - 1972

24. The Place of Value in a World of Facts - Wolfgang Kohler - Liveright - 1938

25. Human Behavior - Bernard Berelson and Gary Steiner - Harcourt, Brace and World, Inc. - 1964

26. Memories, Dreams, Reflections - Carl G. Jung - Pantheon - 1963

27. Ethical Issues in Medicine - E. Fuller Torrey, M.D. - Little, Brown, & Co. - 1968

28. Motivation and Personality - A. H. Maslow - Harper & Row - 1954

29. The Meaning of Persons - Paul Tournier - Harper & Row - 1973

30. Birth Order and Life Roles - Lucille K. Forer - Charles C. Thomas - 1969

31. The Human Dialogue - Floyd W. Matson and Ashley Montagu - The Free Press - 1967

32. Science and the Modern World - Alfred North Whitehead - The Macmillan Co. - 1967

33. The Origins of Modern Science - Herbert Butterfield - The Free Press - 1965

34. In Quest of Values - San Jose State College Associates in Philosophy - Chandler Publishing Company

35. Science, Faith and Society - Michael Polanyi - University of Chicago Press - 1964

36. Personal Knowledge - Michael Polanyi - University of Chicago Press - 1958

37. The Social Construction of Reality - Peter L. Berger and Thomas Luckmann - Doubleday and Company - 1967

38. Readings in the Philosophy of Science - Herbert Feigl and May Brodbeck - Appleton-Century-Crofts - 1953

39. The Responsible Self - N. Richard Niebuhr - Harper & Row - 1963

40. Science and Culture - Gerald Holton - Beacon Press - 1965

41. Moral Principles of Action - Ruth Nanda Anshen - Harper & Brothers - 1952

42. The Student Physician - R.K. Merton, George C. Reader and Patricia L. Kendall - Harvard University Press - 1969

43. The Patient as Person - Paul Ramsey - Yale University Press - 1970

44. The Social System - Talcott Parsons - The Free Press - 1951

45. The Methodology of the Social Sciences - Max Weber - Free Press - 1949

46. Human Medicine - James B. Nelson - Augsburg Publishing Co. - 1973

47. Patients, Physicians and Illness - E. Gartly Jaco - Free Press - 1972

48. Medical Sociology - David Mechanic - The Free Press - 1968

49. Science and Human Values - J. Bronowski - Harper & Row - 1965

50. Theories of the Universe - Milton R. Munitz - Free Press - 1957

51. The Art of Dying - Robert E. Neale - Harper & Row - 1973

52. Death - Milton Gatch - The Seabury Press - 1969

53. The Meaning of Death - Herman Feifel - McGraw Hill Book Co. - 1965

54. Updating Life and Death - Donald Cutler - Beacon Press

55. Deaths of Man - Edwin S. Schneidman - Quadrangle/The New York Times Book Co. - 1973

56. Euthanasia and the Right to Death - A. B. Downing - Peter Owen - 1969

57. Death and Dying - Leonard Pearson - Press of Case Western Reserve - 1969

58. Explaining Death to Children - Earl A. Grollman - Beacon Press

59. The Relevance of Physics - Stanley Jaki - University of Chicago Press - 1966

60. The History of Psychiatry - Franz G. Alexander and Sheldon T. Selesnick Harper and Row - 1966

61. Doctor Faustus - Thomas Mann - Alfred A. Knopf - 1970

62. A Journal of the Plague Year - Daniel DeFoe - Everyman's Library - 1959

63. The Greek Myths - Robert Graves - George Braziller, Inc. - 1955

64. The Holy Bible

65. Patterns of Sexual Behavior - Clellan Ford and Frank Beach - Harper & Row - 1951

66. Contraception - John T. Newnoon, Jr. - Harvard University Press - 1966

67. Reflections On the Revolution In France - Edmund Burke - Bobbs Press - 1955

68. Common Sense - Tom Paine - Modern Library

69. Traditional Medicine in Modern China - Ralph C. Croizier - Harvard University Press - 1968

70. Basic Writings of Sigmund Freud - A. A. Brill - Modern Library

71. The Persistence of Religion - Andrew Greely and Gregory Baum - Herder and Herder - 1973

72. The Church and the Realty of Christ - John Knox - Harper & Row - 1962

73. The Founder of Christianity - C. H. Dodd - Macmillan Co. - 1970

UNIVERSITY OF KANSAS MEDICAL CENTER
School of Medicine

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I. INTRODUCTION

The exposure of students to human values in medicine continues to expand at Kansas. What is lacking are the tools to know precisely (or even approximately) what we are accomplishing. We are concerned here above all by changes in existing attitudes or the development of new ones. The refractoriness to measurement of these qualities is sufficiently notorious to need no further lamentations here. There is no need for overweening pessimism despite these limitations. Few clinical teachers will doubt that attitudes in medical students do change. It may be true that such change is better taught by precept than lecture. If so, it only means we must try to sensitize our faculty in these regards as well as our students. The efforts to do this at Kansas are described in what follows.

II. CLINICAL PROCESS

A. STATEMENT

Since the earlier report to the Society, a significant innovation has been made at the Kansas University Medical Center. This is a course called The Clinical Process which was developed to give first-year medical students an early exposure to patients, but which has provided, in addition, a large exposure to humanistic values in medicine.

The program is in its third year and though it still has problems, must be called a distinct success. In my opinion, this course succeeded for two basic reasons.*

1. It was not identified primarily as an attempt to inject humanistic teaching into the curriculum.

2. It was not identified with any existing department in the Medical School.

Both of these should be considered by any faculty considering a formal major thrust toward increasing the teaching of human values in medicine. The course was designed in response to a faculty decision to provide medical students with an earlier exposure to patients. Thus it began with a strong faculty commitment to its success. The injection of humanistic values was not a conscious deception on the part of those planning the course. Rather it was a natural and all but inevitable result of constructing patient exposure for students just beginning medical and nursing training. To put it another way, humanistic values could not be crowded out by a fixation on disease because the students were not yet able to handle the patho-physiology. This is not to say the role of "disease" is totally ignored, because it is not. It only means the idealistic beginning student learns about the non-disease aspects of illness before the siren of "the interesting case" lures him to the almost complete disease-domination so familiar to all of us in the usual third-year medical student.

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* This is not meant to minimize the effects of the large, enthusiastic faculty investment in this effort, the administrative support, nor the diplomacy and job-like patience of the course coordinator, Dr. Joseph Hollowell.

The second factor -- disidentification with any existing department -- was equally important. (This has not been accomplished completely. Because of the heavy faculty input by members of the Department of Human Ecology, some faculty members continue to identify the course with that Department.) The course is budgeted directly through medical school administration, mediated through an advisory committee, and run by a pediatrician as essentially a full-time endeavor. This arrangement gives moral support to faculty who wish to participate, but might otherwise be intimidated by their respective departmental chairmen. It also elevates the inevitable disputes over curricular time from the interdepartmental level to that of school administration. Many other advantages to this arrangement need not be specified; they are all too familiar to those who have watched attempts by a traditional medical school department to launch an interdisciplinary program.

B. THE COURSE

Clinical Process is required of all medical students, and is attended on a trial basis by 25 (30%) third-year student nurses. Medical students begin the course in the first year and continue into the second year. The course consists of five major divisions.

1. Plenary Sessions

There are 32 one-hour sessions involving all students and faculty together, and devoted to such areas as problems in communication, roles in medicine, death and dying, human sexuality, ethical decision-making, and others.

2. Group Discussions

Following each plenary session, students adjourn for an hour (or more) of discussion. These groups consist of 8-9 students and 2-3 faculty persons, at least one of whom is a clinician.

There are 20 such groups involving about 50 faculty members. It is in these plenary sessions and ensuing discussions that the principal formal input of human values takes place.

3, 4, 5.

The rest of the Clinical Process is divided equally between working in a private physician's office, an emergency room, and social institutions such as the methadone clinic, cases of battered children in juvenile court, neighborhood health centers, and a pediatrics out-patient experience in which the preceptors are nurse-practitioners.

Obviously, such experiences would be more beneficial to students with some experience in taking a history and performing a physical examination, experiences traditionally consigned to the second year of medical school. In 1973 a volunteer faculty instructed beginning students (nursing and medical) in the rudiments of these arts, and the way is now clear for a total early integration of physical diagnosis in the Clinical Process, an eminently sensible but by no means easy accomplishment.

Student exposure to deliberate teaching of human values in these latter three experiences is bound to be spotty. There is no conscious effort to focus on such teaching; yet such teaching is inherent in the settings involved. The student can scarcely avoid considering human values while working with the parents of a battered child, or old persons in a Model Cities Health Clinic. Nor can they avoid a salutary reassessment of the proper role of the physician as they come to admire and even envy the clinical skills of a good nurse practitioner.

C. COMMENTARY

Some time ago I believed the ideal approach to human values in medicine would be departments staffed with experts in the medical humanities. In the long run, this may still be the best approach. For the moment, however, I cannot escape being impressed by the success of the Clinical Process. And I am convinced that a large measure of its success derives precisely from the fact that it is not identified as another discipline of specialists operating in pure ether where ideal solutions are possible rather than in genuine patient situations where humanistic values are rarely uncomplicated by other conflicting human values. We need our Institutes, but as think-tanks from whose research and writings we can all gain sharper perspectives. But the true ideal is a medical faculty sensitized to human values and capable of shaping student attitudes by precept in daily settings of patient care in the clinics and on the wards.

I believe the Clinical Process has made real, even if modest, progress toward that goal with an approach so subtle and non-disruptive that the faculty itself does not fully appreciate what has happened. More important perhaps, the course could be adapted to almost any existing medical school with a relatively small outlay of new funds or personnel. Dr. Hollowell informs me that he manages on a budget of $7,000 annually, which includes guest speakers, but not local faculty or a secretary.

III. MEDICINE AND SOCIETY

A. STATEMENT

This is a limited enrollment, readings-discussion course carrying three hours of upper level and first-year graduate credit through the Department of History. The course is taught by a physician-historian on the Medical Center Campus in Kansas City. By design, there is a mixture of medical, nursing (graduate and undergraduate), social work, theological, and undergraduate collegiate students. To bring together such a mixture, the course perforce meets on Saturdays from Noon to 3:00 p.m. This has obvious drawbacks, but does permit participation by outsiders (e.g., medical geneticist, funeral home operator, practicing homosexual) who might not be available otherwise. In any event, the only other time available would have brought us into conflict with the entrenched curricula of our local Sunday Schools.

The course objectives and readings for Medicine and Society 1974 are attached.* Enrollment is limited to twenty, and at least twice that many more were turned away. The course was taught jointly in 1973 with Professor Don Houts of the St. Paul School of Theology Methodist.

B. COURSE OBJECTIVES - Attached with readings.**

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*See pp. 59-78
**See pp. 79-83

IV. DISEASE AND MAN

A. STATEMENT

This course is a lecture-discussion course which, in slightly different forms, was taken in 1973 by 95 undergraduates and 100 second-year medical students and spouses. The course is included in this report because, in addition to whatever humanizing effect history itself may have, roughly the last third of the class is devoted to current social and ethical issues of medicine. Further, at the end of each historical lecture 15 to 30 minutes are devoted to discussion centered about the relevance the historical material holds for today's aspiring health professionals. Examples of how this is done are attached.

B. COURSE OBJECTIVES - Attached - see pages 84-87.

C. LECTURE SCHEDULE - Attached - see page 88.

D. EXAMPLES OF "RELEVANCE" - Attached - see page 89.

V. BLOCK ELECTIVES

A. STATEMENT

Medical and nursing students at KUMC enroll in block electives of six weeks, either full- or half-time in the courses listed below.

1. History of Medicine 101	Current Social & Ethical Problems of Medicine
2. History of Medicine 102	Death and Dying
3. History of Medicine 200	Research in History or Philosophy of Medicine
4. History of Medicine 201	Advanced Study in the History of Medicine
5. History of Medicine 202	Advanced Study in Current Social and Ethical Problems of Medicine

In the module which ended February 8, 1974, four medical students took part; three are scheduled for the next module. Enrollment in these areas has increased recently, I believe in part because of student rebellion at the frantic pace of our recently adopted (and I hope soon to be abandoned) three-year curriculum.

Students in these electives function essentially as graduate students. They may engage in readings only, or readings plus a research project which often they use to satisfy the Communications Requirement, formerly and euphemistically designed the M.D. Thesis. Research has included such areas as the teaching of death and dying at Kansas University Medical Center, the use of marijuana by medical students, and the decision-making process in children with Down's Syndrome and correctable surgical lesions.

VI. MEDICINE AND RELIGION

Each year the Department of Continuing Medical Education puts on a two-three day course entitled Medicine and Religion. For the last two years paid enrollment was 305 and 276 respectively. These sessions are open to, and may be attended at no charge by, any full-time student at KUMC. Local theological students may attend at reduced rates. No figures are available for total student attendance, but it is not insignificant.

VII. MISCELLANEOUS SMALLER ENDEAVORS

A. HUMAN SEXUALITY

Each group of clinical students is exposed during the Obstetrics-Gynecology rotation to 12 hours in which they 1) study academic aspects of human sexuality, 2) learn something about their own sexual hang-ups, 3) begin learning to identify occult sexual problems in patients and some approaches to dealing with them.

The program is directed by Dr. M. Edward Clark.

B. DEATH & DYING -- PEDIATRIC ONCOLOGY

During their Pediatrics rotation, students may take part in a fascinating team approach to handling the psychological problems of dying children and their parents. Among others, the team includes a pediatric oncologist, a psychiatrist, a nurse-practitioner, and a mother of a child who died of leukemia. The team has regular sessions for these dying children, their parents, and siblings. The entire endeavor is achieving increasing local and national attention.

VIII. NEW PROGRAMS IN IMMEDIATE FUTURE

A. ETHICAL C.P.C.

On February 5, 1974, the first "Ethical CPC" was held at KUMC. The inspiration for this was the "Mutant" CPC described by Tom Hunter and Joseph Fletcher in The Pharos of Alpha Omega Alpha, January 1972, Vol. 35, No. 1, Pages 29 and 30.

This first session was a distinct success, and a second is planned for February 27, 1974. We hope to expand this exercise slowly, gaining experience which we hope will one day justify a regularly scheduled exercise in "Why?" to rival the "What?" and "How?" (This is how Doctors Fletcher and Hunter so aptly distinguished their effort from the traditional C.P.C.)

B. THE HIXON HOUR

This is a once-monthly evening lecture open to the entire Medical Center community. Traditionally, it has centered about the history of medicine. In academic 1974-75 the entire series will focus on ethical and philosophical subjects presented by some of the leading authorities in the United States. The series is mentioned simply because it represents one more example of the local effort to broaden the humanistic endeavors of a traditional department of medical history.

C. ST. PAUL SCHOOL OF THEOLOGY METHODIST

For several years there has been an effort to expand our annual postgraduate program in Medicine and Religion (cf. VI above).

Plans are now underway for an intense one-week exercise in problems of medical morality for pastors taking part in the Renewal Program at St. Paul School of Theology Methodist. The program will be directed by:

Dr. John Swomley
Professor of Social Ethics
St. Paul School of Theology Methodist
Truman Road at Van Brunt
Kansas City, Missouri 64127

MEDICINE AND SOCIETY

Assignment 1

"Death and Dying -- Your Death"

I. STATEMENT

The first four assignments of Medicine and Society deal with various aspects of death and dying. In addition to the morbidity itself, this may strike you as inordinate emphasis on the last stage of man's relationship to society. The reason is that death and dying have been almost completely ignored by health personnel and others for so long that many taboos and pernicious practices have come to surround man's last mortal moments. These have affected you as well, in ways you may not recognize. To some extent most of you will resist (or at least find it difficult to discuss freely) facing the certainty of your own death. To get comfortable with your own mortality takes a certain amount of time. Therefore, while we will be discussing different aspects of death during these four sessions, we will return each time to your personal reactions and feelings.

II. OBJECTIVES

A. Orientation and Mechanical
B. Understanding our individual attitudes toward our own death and becoming as comfortable as possible with the reality of our own mortality.

III. READINGS

A. None. The point of departure will be a one-hour documentary film on dying in a Cancer Hospital.

IV. SPECIAL ASSIGNMENT

A. Following the film,each student will be asked to list in order of importance five actions or accomplishments he would attempt upon learning he had only six months to live.

V. QUESTIONS TO BE CONSIDERED

What was your reaction to the relationship between the various professional personnel and the dying patient? The family? Did the patient know he was dying? Did he want to talk about it? What was your dominant "gut" reaction to the film" Did you see anything in this death situation you would like changed? What? How would you change it? Can you honestly conceive your own death -- i.e. the world without you?

MEDICINE AND SOCIETY

Assignment 2

"Death and Dying -- The Patient"

I. STATEMENT

One result of America's gradual tendency to put death out of mind has been a neglect of the dying patient's needs by both the family and the health professionals involved in his terminal care. In part this results from mistaken notions of the patient's needs, but in large measure it reflects our collective inability to be at ease with death. Everyone connected with a death situation needs to recognize it as an inevitable phase of life, as a profoundly distressing event which patients will manage badly or well, but one which can be improved by widsom and compassion on the part of those the dying patient most needs -- his loved ones, his physician, nurse, minister, and others.

II. OBJECTIVES

A. To understand the stages traversed by a person in his attempts to cope with imminent death, and the role of family and professional people in assisting the dying patient.

III. READINGS

1) Kubler-Ross, Elizabeth. On Death and Dying, N.Y. The Macmillan Co., 1970, pp. 1 - 137. The balance of the book is recommended, though not required.

IV. SPECIAL PROJECT

A. Film -- "Until I Die".

V. QUESTIONS TO BE CONSIDERED

Do you believe most patients would want to be told they were dying and encouraged to talk about it? Would you? Would you want your spouse told if the decision was yours? Is the death of a college student more tragic in your thinking than that of an eighty-year-old man? If so, why? If not, why not? What of a 5 year old girl vs. a recent college graduate? Have you changed your mind about any of the actions you would take if you knew you were dying? Which ones and why?

MEDICINE AND SOCIETY

Assignment 3

"Death and Dying -- The Loved Ones"

I. STATEMENT

Death might lose much of its terror if we could select a few favorite persons to share it with us. But dying is essentially a solitary act, and complete separation an inevitable consequence. The dying person sees survivors in a new light that is bound to color the former relationship. They are well - he is ill. They will remain, he must go. From this develops perhaps the most poignantly helpless of all human situations. The doomed person needs help, but knows that ultimately there can be none. His loved ones want to help, but know they cannot. Small wonder that communication fails. And small wonder that despite our good intentions most of us do the wrong thing. But some understanding of this entire process is now accumulating. Old myths are dissolving, and perhaps Americans are on the way to a more reasonable personal acceptance of death as well as more meaningful assistance from the many involved health professionals.

II. OBJECTIVES

A. To identify and understand the more important American attitudes toward death and dying, their origins, the extent to which you share in them, and in what ways they are useful or counter-productive.
B. To assess the family's role in complicating or easing the act of dying.
C. To become familiar with current American funeral practices and balance their role in assuaging grief against the high cost of the "American Way of Death."

III. READINGS

1) Tolstoy, Leo: The Death of Ivan Ilych and Other Stories, N.Y.: Signet Classics pp. 95-156, N.B. See if you can identify any of Kubler-Ross' five stages in Ivan Ilych.
2) Mitford, Jessica: The American Way of Death, Greenwich, (Conn.): Fawcett Publications, Inc., 1963. Entire

IV. QUESTIONS TO BE CONSIDERED

At one time most Americans died at home -- do you think this desirable or undesirable? Why? Would you prefer to die at home? What if you would require a great amount of care over a long dying process?

Did Ivan Ilych's family make his dying easier or harder? In what way? There were only two persons Ivan seemed able to communicate with -- who were they and why? Were you able to identify any of Kubler-Ross' five stages in Ivan Ilych? Which ones?

Do you believe the cost of current American funeral practices is justifiable? Why or why not? Did you form or reform any opinions regarding what sort of funeral you would prefer?

MEDICINE AND SOCIETY

Assignment 4

"The Right to Die"

I. STATEMENT

To date we have considered our own mortality and death from the viewpoint of the dying person, his family, and the funeral industry. Society too is involved in death, not just in shaping attitudes toward death and dying, but in the questions: does society have an obligation to the dying individual, and if so, what is it? Advocates of active euthanasia would chorus, YES! and urge that this obligation be codified under the law. Those of more moderate views, say those who would condone passive euthanasia, might argue that society, at the very least, has an obligation not to make dying any harder for the individual or his survivors.

II. OBJECTIVES

A. The student should know the main legal and moral distinctions between active and passive euthanasia. He should recognize further the different issues involved when the patient is a sentient adult, a sentient minor, a questionably sentient newborn and a comatose individual.

The student should attempt to arrive at his own definition of "dignity" in life, the weight he attaches to it, and thereby to make at least a beginning inroad on the question of what kind of death he would prefer, assuming he has some control in the matter.

III. READINGS

A. Wertenbaker, Lael: "The Right to Die with Dignity," Reprinted by the Euthanasia Educational Fund, Inc., 250 West 57th Street, New York, N.Y.

B. St. John-Stevas, Norman: *Life, Death and the Law*, N.Y.: The World Publishing Company, (Meridian Softbound, 1964), pp. 262-280, 336-340.

C. Case Report: Mongolism and Tetralogy of Fallot

D. Case Report: Mongolism and Biliary Atresia.

E. Symmers, St. C.W.: "Not Allowed to Die", British Medical Journal, 1:442, 17 February, 1968.

F. "The Acquittals at Liege," Reprinted from *The Times* (London) from letters received between November 13 and November 26, 1962.

G. Fletcher, Joseph: *Moral Responsibility*. Philadelphia, The Westminister Press, 1967, pp. 7-80, 141-160.

IV. QUESTIONS TO BE CONSIDERED

What is your reaction to the following notice which created a controversy in 1967 when it was discovered on the bulletin board of Neasden Hospital in London?

> "The following patients are not to be resuscitated: very elderly, over 65; malignant disease. Chronic chest disease. Chronic renal disease.
>
> Top of Yellow Treatment card to be marked NTBR (i.e., Not to be Resuscitated).
>
> The following people should be resuscitated: collapse as a result of diagnostic or therapeutic procedures--e.g., needle in pleura (even if over 65 years). Sudden unexpected collapse under 65 years--i.e., loss of consciousness, cessation of breathing, no carotid pulsation."

Suppose the notice had included "severely retarded newborn infants," or "infants born with no arms and legs," or "any person of any age who has been in constant coma for more than twelve months." Suppose the cut-off age had read 60? 55? 50? 45?

What was your reaction to the two case reports of Mongoloid patients? Did your reaction differ from that to the 68 year old physician? In what way? Analyze your feelings on this point: are they dominantly emotional or logical?

Did you agree with the verdict at Liege? If not what verdict and sentence would you have imposed? Is respect for the law bound to be eroded when a defendant admits a crime under oath and the jury acquits? Is this an example of a justice above the law?

Would you favor legalized active euthanasia? Why or why not? Do you approve of passive euthanasia? Are you willing to entrust such decisions to the individual physician? If not, to whom? Who should have made the decisions in the Mongoloid cases?

MEDICINE AND SOCIETY

Assignment 5

Abortion: Medicine, Religion and the Law

I. STATEMENT

In the sessions on death and dying we emphasized that even that most individual of human acts -- dying -- inevitably involves society in medicine in many ways. Recent trends in abortion in the United States exemplify these relationships even more clearly, as medical people, theologians, philosophers and jurists debate the question of ending human life in the womb. As with many questions of medical morality the dilemma is more easily identified than solved: that is, how does society proceed where medical action is apparently necessary, but involves moral issues for which there is no single solution?

II. OBJECTIVES

The student should know the various points in gestation when life has been said to begin. He should also appreciate the logical difficulties involved in defending any one of these points under all circumstances. He should arrive at his own theoretical definition of life's beginning and then attempt to reconcile it with his practical views on abortion. He should know the law governing abortion in Kansas and the Kansas experience to date.

III. READINGS

A. Lader, Lawrence: Abortion. Boston: Beacon Press, 1967, pp. 1-16, 32-41, 64-74, 94-102, 155-175 (Others if you are interested).
B. Morals and Medicine. N.Y.: Oxford University Press, 1971, pp. 29-47.
C. White, Dale, et: Dialogue in Medicine and Theology. N.Y.: Abingdon Press, 1967, pp. 5-13, 19-38, 132-150.
D. "The Case Against Abortion," Kansas City Times, Friday, January 14, 1972, p. 32
E. The Kansas Abortion Law
F. Gendel, Evalyn S.: "Abortion, the Patient, the Physician and the Law."
G. Burger, Warren E.: "The Changing Mores of Biomedical Research," Annals of Internal Medicine, Supplement 7, September 1967, pp. 15-18.

IV. QUESTIONS TO BE CONSIDERED

Granting that ultimate decisions in specific medical situations may have to be made by the physician, what is the proper role in these decisions of theology, philosophy, the law, and other institutions traditionally interested in morality? Can you assign a time for the beginning of life? If so, when is it? If not, how can the question of ending human life by abortion be resolved? Can it be resolved in a way that preserves internal logical consistency in all cases? Should the father of a fetus have any legal (or moral) voice in the abortion decision. What of a childless soldier who has been rendered sterile by a land mine and receives a letter from his wife stating her decision to have an abortion?

MEDICINE AND SOCIETY

Assignment 6

Artificial Organs, Transplantation & Economic Priorities

I. STATEMENT

Nowhere is the problem of biotechnical advances and national morality better spotlighted in recent developments in artificial organs and vital organ transplantation. To some the problem rather quickly resolves itself to a question of national economic priorities. That is, we have the medical knowledge and technical knowhow to save the lives of many persons now dying, but do we wish to shift our national economic priorities to accomplish this?

If we consider moral as well as economic aspects (and the two cannot always be separated) the matter is not that simple. We must return, for example, to our previous bugaboo -- what is life with dignity and who shall decide the gray areas? In the past we tended to follow a sort of national morality that distilled slowly with time, but recently the moral issues have exploded suddenly on a nation and medical profession for whom traditional guidelines and experience have been wanting.

II. OBJECTIVES

The student should understand the nature of the main biotechnical advances which have precipitated the unprecedented moral issues involved in artificial organs and vital organ transplantation. He should identify and understand the moral and ethical precedents involved and why they are inadequate for the current problems. He should form his own opinion on the propriety of present national priorities and what they should be ideally.

III. READINGS

A. Dubos, Rene: "Individual Morality and Statistical Morality" Annals of Internal Medicine, Supplement 7, Sept. 1967, pp. 57-60. (You have)

B. Starzl, Thomas E.: "Ethical Problems in Organ Transplantation." Ibid., pp. 32-38

C. Lear, John: "A Realistic Look at Heart Transplants," Saturday Review, February 3, 1968, pp. 53-60.

D. Fellner, C.H. and Schwartz, S.H.: "Altruism in Disrepute: Medical versus Public Attitudes Toward the Living Organ Donor," New England Journal of Medicine, March 18, 1971, 284:582-585.

E. Bailey, G.L., et. al.: "The Artificial Kidney at Home: A Look Five Years Later," J. American Medical Assn., June 15, 1970, 212:1850-1854.

F. Murray, J.S., et. al.: "A Community Hemodialysis Center for the Treatment of Chronic Uremia," Trans. Am. Soc. of Art. Internal Organs, 8:315-318, 1962

G. "Survival for $25,000," Time, December 20, 1971, p. 57

IV. QUESTIONS

Could this problem be settled simply by reordering national priorities. If not, why not? Who should advise Congress in ordering priorities such as these? Assuming it would require about the same sum of money to sustain our 50,000 chronic kidney patients as it would to provide good outpatient care to 1,000,000 medically indigent patients, where would you rather see the emphasis placed? On what do you base your judgment?

What is your reaction to the artificial kidney program in Seattle? To the circumstances surrounding the first heart transplants as described by John Lear?

What safeguards can you improvise to assure the best possible selection of donors of vital paired organs?

Is there such a thing as reverence for the sanctity of life in America? If life is sacred, what makes it so? What evidence do you have that Americans truly believe in life's sacredness? If you believe the whole thing is a myth, what evidence do you have for that position?

MEDICINE AND SOCIETY

Assignment 7

Drugs and American Life

I. STATEMENT

Drugs play a greater role in American life than ever before and the end is not in sight. The phenomenon operates at several levels. All the way from the question of the individual's right to use drugs for non-medical purposes if he injures only himself clear up to the question of the government's obligation to protect citizens against drug abuse, both medical and non-medical. The entire problem is explored in the readings, although the discussion can focus on the areas that interest you most.

II. OBJECTIVES

A. An understanding of the historical background of drug abuse -- medical and non-medical in America.
B. To understand the problems of regulation of medical drug use as perceived by government, pharmaceutical industries, the medical profession and the patient.
C. To try to find a "Why?" for non-medical drug abuse, to explore its morality as well as its magnitude, and to search for the best routes of control where these are indicated.

III. READINGS

A. Lasagna, Louis: "The Many Faces of Drug Abuse," Modern Medicine, April 6, 1970, pp. 144-176.
B. Hudson, Robert: "Polypharmacy in Twentieth Century America," Clinical Pharmacology and Therapeutics, January-February 1968, pp. 2-10.
C. Lasagna, Louis: "The Pharmaceutical Revolution: Its Impact on Science and Society," Science, 1969, 166:1227-1233.
D. Blachly, Paul: "They're Safety Happy in the FDA and We're in Trouble," Psychology Today, May 1971, pp. 30-34, 98.
E. Mintz, Morton: "Drugs: Deceptive Advertising," New Republic, July 6, 1968, pp. 19-21.
F. Sesser, Stanford "Special Dispensation" New Republic, March 6, 1971, pp. 16-17.
G. Rogers, J. Maurice: "Drug Abuse -- Just What the Doctor Ordered," Psychology Today, September 1971, pp. 16-24.
H. "Medical Devices," Medical World News, April 24, 1970, pp. 28-36.
I. "Home Medical Chests Bulging" Medical World News, December 4, 1964, p. 113.
J. "Pop Drugs: The High as a Way of Life," Time, September 26, 1969, pp. 68-78.

IV. QUESTIONS

A. Medical Drugs

What role did education play in America's propensity for taking drugs? What other factors contributed? Could education reverse this situation? If so, at what level of education and through what means?

Do you favor more or less control of pharmaceutical companies? proprietary drug sales? physician's prescribing? What are your reasons and specifically how would you go about attaining your goals?

B. Non-Medical Drug Use

Does the pot smoker injure only himself (assuming there may be injury at all)? What is the proper role of the law in regulating human behavior that damages only the individual involved, that is the so-called crimes without victims? Do you favor "legalization" of marijuana posession, use, sales? LSD? Amphetamines? Narcotics? If not, why not? If so, how should the laws be written?

MEDICINE AND SOCIETY

Assignment 8

Human Experimentation

I. STATEMENT

In a very real sense, medical progress is impossible without human experimentation. No matter how many rats and guinea pigs are used in developing a new drug or medical procedure, the ultimate proving ground has to involve human beings. The core question then is not: should we have human experimentation? but how can such procedures be properly controlled and still yield the necessary information?

Strange as it may seem to the casual student of this problem there are essentially no effective laws on the books specifically for regulating human experimentation, and scientists themselves exercised no organized restraint of human experimentation until the mid 1960's.

Since then most institutions engaged in research have employed a committee arrangement to pass on projects involving human subjects in research. Yet the whole question is still new and many gray areas continue to exist. Some of these will be explored in what follows.

II. OBJECTIVES

To understand the need for human experimentation, the potential for abuse if such experimentation is not properly controlled, and the ethical issues involved in obtaining informed consent and conducting human experiments. To understand the difficulties in certain experiments if the patient _is_ fully informed. This distinction between blind and double blind experiments.

III. READINGS

A. "Ethical Aspects of Experimentation with Human Subjects," DAEDALUS, Spring 1969, pp. 248-274, 275-313, 427-448, 463-479, 502-518.

B. Lord Platt, "Human Guinea-Pigs," in Morals and Medicine, N.Y.: Oxford University Press, 1971, pp. 69-79.

C. Physicians' Desk Reference, Oradell (N.J.): Medical Economics, In. 1967, p. 906

D. Codes and Declarations: "The Changing Mores of Biomedical Research," Annals of Internal Medicine, Supplement 7, Sept. 1967, pp. 72-75.

E. Beecher, H.K.: "Ethics and Clinical Research," New England Journal of Medicine, 274: 1354-60, 1966.

F. Rubin, Zick: "Jokers Wild in the Lab," Psychology Today, December 1970, pp. 18-24

IV. QUESTIONS

Do you agree that human experimentation is inevitable if medical advances are to be made?

Do you agree that certain experiments, particularly in behavioral science, can only work if the subjects are unaware? Do you approve of this? If not, what alternatives can you propose. If so, how should such experiments be controlled? What do you think of experiments on individuals younger than the age of consent? Dying patients? Prisoners? Persons in the armed forces? What do you think of the proposal to pay human volunteers and protect them with a variation of workmen's compensation?

Do you believe a completely voluntary fully informed consent is possible in human experimentation? In ordinary surgical procedures? Is it desirable? Necessary? Should physicians be required to read to you the entire list of possible adverse effects to a drug such as the sample you received?

MEDICINE AND SOCIETY

Assignment 9

The Medical Establishment and U.S. Society

I. STATEMENT

Organized medicine has been blamed for the "crisis" in medicine in the U.S. today. It is difficult to formulate a balanced picture because of the bias and self-serving propaganda spewing from organized medicine and its antagonists. By now the student of Medicine and Society should be thoroughly skeptical of applying such simplistic judgments as "good" or "bad" to complex subjects. Catch phrases such as "Crisis in Medical Care" should not be passed without examination. Ready judgments should await an investigation of the facts.

The story of organized medicine and U.S. society is replete with inconsistencies. The A.M.A. was a leading progressive force in reforming medical education between 1847 and 1920. It crusaded against quackery and helped pass pure food and drug laws. On the other hand it opposed the original social security concept, rejected workmen's health insurance (around 1919-1920) and as recently as 1966 publicly declared there was no physician shortage despite good studies in the early 1950's indicating a need for 50,000 additional physicians by 1975.

The entire story is a complex chapter in cultural history and the student interested in understanding the present scene and contemplating proposed solutions must approach the subject with the unbiased eye historians strive for.

II. OBJECTIVES

To understand the political structure of the AMA and its relationship to academic medicine, other medical organizations, governmental institutions and society at large.

To examine the basis upon which a "crisis" has been declared in health care delivery.

To decide which elements of health are the responsibility of professional health personnel and which are determined by larger forces such as ignorance and poverty.

To attempt to decide if medical care should be considered a "right" in the sense of the Constitution and Bill of Rights.

To assess the current working of Medicare and Medicaid as well as some proposed changes, i.e. Health Maintenance Organizations, and the various plans for national health insurance.

III. READINGS

A. "The AMA -- Past, Present and Future," published by the AMA, 1972 version.

B. An Informational Booklet on the American Medical Association, AMA, 1970.

C. Hudson, R. P.: "AMA -- Quo Vadis?" Greater Kansas City Medical Bulletin 65:4, January 1, 1970.

D. Hudson, R.P.: "AMA -- Reorganization or Decline?" Greater Kansas City Medical Bulletin, 65:93, March 1, 1970.

E. "1969 Medical Disciplinary Report," Journal of the American Medical Association 213:558-590, July 27, 1970.

F. Schwartz, Harry, "Health Care in America: A Heretical Diagnosis," Saturday Review, August 14, 1971, pp. 14-17, 55.

G. Anderson, Fred, "Paying More, Getting Less," "We Can Do It Better, Cheaper," "Paying For Health," New Republic, January 17, 1970, pp. 15-18; January 24, 1970, pp. 13-16, and February 7, 1970, pp. 17-19.

IV. QUESTIONS

A. Who is responsible for America's relatively high rates for infant and maternal mortality? Is this a measure of the failure of organized medicine or a larger cultural problem?

B. By its own boast, the AMA is "now the fourth largest, most influential political power in the United States after 1) Democratic Party, 2) Republican Party, 3) COPE, a political action arm of organized labor. Considering a membership of only some 223,000 physicians, this may surprise you. In a Nation where lobbying is an approved means to legislative ends, do you question the concentration of such power in the hands of a relatively few? Why or why not? If so, can you think of workable alternatives? If you oppose lobbying on principle what of such citizen's groups as Common Cause?

C. Do you believe there is a "crisis" in health care in the U.S.? Why or why not?

D. Do you favor changes in the present medical structure in this Country? If so, specifically which areas do you deem most critical?

E. Do you believe the "doctor-patient relationship" is damaged in any important way by who pays the physician's fee? Why or why not?

F. Can you take a stand on "health-as-right?" How would you defend your position? Would you distinguish between a "natural right," "civil right" and "moral right" in this regard?

G. Are there features inherent in medicine which justify controlling its practitioners more than we should, e.g. lawyers, plumbers, or others who deal primarily in services? If so, identify them specifically.

MEDICINE AND SOCIETY

Assignment 10

Homosexuality -- What is Mental Illness?

I. STATEMENT

There is widespread disagreement over the question: what constitutes mental illness? A current example is the controversy over homosexuality. One aspect of "illness" frequently used in this regard is that of "impediment" or "impaired function." The homosexual is "sick" because by definition, his function in his "natural" or anatomic sex role is impaired. Others argue that homosexuals may or may not be mentally ill depending on their adjustment, and in this way are no different from heterosexuals. Further along the scale homosexuals are viewed as normal men and women, but members of a persecuted minority, who may, in fact, actually be made mentally ill by society and its unreasonable prejudices and strictures.

Whatever your approach, the question of homosexuality and mental illness probably cannot be resolved except by clarifying your conception of illness generally.

II. OBJECTIVES

To arrive at a working definition of disease generally and mental illness in particular.

To decide, on the basis of available evidence, whether or not homosexuality is itself a disease or manifestation of disease.

To examine the basic differences between homosexual and heterosexual relationships, not just in terms of physical sex and reproduction, but also the potential each may have for providing a loving, human relationship.

III. READINGS

A. St. John-Stevas, Norman: Life, Death and the Law. N.Y. World Publishing Co. (Meridian Softbound, 1964), pp. 198-231.
B. "The Homosexual: Newly Visible, Newly Understood," Time, October 31, 1969, pp. 56-67
C. Socarides, Charles W., "Homosexuality and Medicine," Journal of the American Medical Association, 212:1199-1202, 1970.
D. Hudson, Robert P., "The Concept of Disease," Annals of Internal Medicine, 65:595-60, 1966.

IV. QUESTIONS

After your readings, would you classify the homosexual as diseased? ill? unnatural? one end of the scale of normal? purely as normal? Justify your choice.

Is a happy, well-adjusted homosexual pair more "ill" or "abnormal" than a battling, miserable, heterosexual couple?

Do you favor legal attempts at homosexual regulation? Why or why not? Would you favor legal sanction of homosexual marriages? Adoption of children?

Do you believe that homosexual seductions convert basically heterosexual individuals to homosexuality? What if the seductee is a ten-year old?

Would you be disturbed if your adult brother or sister turned out homosexual? If your ten-year old sister or brother were seduced by an adult homosexual?

MEDICINE AND SOCIETY

Assignment 11

Human Genetics -- Blueprinted Man?

I. STATEMENT

Many medical discoveries have the potential for abuse. The same is true of science generally. To date scientists have maintained a posture of amorality in this regard. They say, in effect, that new discoveries are neither good or bad, and it is not our business, nor within our power, to decide how society applies the fruits of our investigation.

This whole problem is nowhere better illuminated than in recent developments in genetics and the possibility that human beings can be "blueprinted" in the future. Few would doubt the desirability of genetic manipulation that prevented the many severely deformed and retarded children born each year. But the genetic programming of desirable traits raises profound ethical issues. The same is true of many other aspects of new developments in genetics.

II. OBJECTIVES

To appreciate the current and probable immediate future state of the science of genetics. To ascertain some of the moral implications of new and likely developments in genetics. To try to decide how these moral problems might best be resolved. To re-assess the definition of human life.

III. READINGS

A. Hudson, R.P.: "Action and Reaction in Medical Research," Annals of Internal Medicine, 67:660-667, 1967.
B. Morals and Medicine, N.Y.: Oxford University Press, 1971, pp. 102-123.
C. Lederberg, Joshua: "A Geneticist Looks at Contraception and Abortion," in "The Changing Mores of Biomedical Research." Annals of Internal Medicine, Supp. 7, 1967, pp. 25-27.
D. Medawar, Sir Peter, "The Genetical Impact of Medicine", Ibid, pp. 28-31
E. Rivers, Caryl: "Grave New World," Saturday Review, April 8, 1972, pp. 23-27.
F. "Man Into Superman," Time, April 19, 1971, pp. 33-52
G. Medawar, Peter Brian, "Do Advances in Medicine Lead to Genetical Deterioration?" Mayo Clinic Proceedings, 40:23-33, 1965.

IV. QUESTIONS

Do you favor continued research in genetic "repair" of defective human fetuses? Can this be separated (in terms of research) from genetic manipulation of desirable traits in otherwise normal fetuses? Can research generally be separated from application?

Do you favor control of basic genetic research? If so, by whom and using what mechanisms? Do you believe it possible to predict all the important social "reactions" to a given research "action?" Any? Who should do the predicting and planning?

Do you see social harm in cloning? What specifically?

Do you see disruptive ethical issues in sperm and egg storage? in using one woman's uterus to bear another woman's child? in nurturing an artifically fertilized ovum in a "mechanical womb," i.e. a "test tube baby?"

Do you favor 'genetic' counseling only for identifiable carriers of a genetic defect or do you believe they should be prevented legally from marrying? bearing children?

MEDICINE AND SOCIETY

OVERALL GOALS

A. GENERAL

The student should:

1) Identify the forces that have combined to complicate the interfare between medicine and society.

2) Arrive at a decision regarding the proper role non-medical disciplines should play in resolving these problems, e.g., theology, philosophy, anthropology, sociology, psychology, the technological sciences, and others.

B. PERSONAL

The student should:

1) Begin the process of identifying personal biases in such issues as abortion, drug use, human experimentation.

2) Examine these personal biases to see if they are justifiable on humanistic and rational grounds.

3) Begin becoming more comfortable with his/her own mortality.

INSTRUCTIONAL OBJECTIVES

A. Death and Dying

The student should:

1) List, in order of importance, five actions or accomplishments he would attempt upon learning he had only six months to live, and explain his rationale for this listing.

2) Describe the stages traversed by a person in his attempts to cope with imminent death.

3) Describe the role of the family in complicating or easing the dying patient.

4) Describe the role of professional people and significant others in assisting the dying patient.

5) Identify and describe the more important American attitudes toward death and dying in terms of their origins, the extent to which he shares in them, and in what ways they are useful or counterproductive.

6) Briefly describe current American funeral practices and balance their role in assuaging grief against the high cost of the "American Way of Death."

B. The Right To Die

The student should:

1) List and explain the main legal and moral distinctions between active and passive euthanasia.

2) List and explain the different issues involved when the patient is a
   a. sentient adult
   b. sentient minor
   c. questionably sentient newborn
   d. comatose individual.

3) Express a preliminary, personal definition of "dignity" in life and describe the weight he attaches to it, thereby making at least a beginning inroad on the question of what kind of death he would prefer, assuming he has some control in the matter.

C. Suicide

The student should:

1) Trace the historical circumstances which led to proclaiming suicide
   a. a philosophical problem
   b. a sin
   c. a crime
   d. a form of mental illness

2) Decide for himself whether "rational suicide" exists and defend his decision.

3) Examine the role emotion plays in his attitude toward suicide and describe the extent emotion should govern his beliefs about suicide.

D. Abortion: Medicine, Religion and the Law

The student should:

1) List the various points in gestation when life has been said to begin and the rationale given in support of each.

2) Explain the logical difficulties involved in defending any one of these points under all circumstances.

3) Develop and present his own theoretical definition of life's beginning and then attempt to reconcile it with his practical views on abortion in a verbal presentation (e.g. in a debate, a position paper).

4) State, in his own words, the law governing abortion in Kansas and describe the Kansas experience to date.

5) List and explore the medical and logical strengths and weaknesses of the 1973 Supreme Court decision on abortion.

E. Delivery of Health Care

The student should:
1) Trace the historical origins of the present health care delivery system.
2) Explain the basic distinctions between the various systems being considered for adoption by Congress.
3) Name and describe the various factors that combine to fix the total costs of health care delivery in the United States.
4) Take a position on the question of health as a right and be prepared to defend that position.
5) Describe the basic structure of Health Maintenance Organizations and Peer Review Organizations.

F. The Artificial Kidney

The student should:
1) Learn the current status of supply and demand with regard to the artificial kidney
2) Understand the costs involved in both home and hospital dialysis.
3) Learn the current rate of rejection for the various types of donors.
4) Form a judgment about the proper priority that should be assigned to programs such as the artificial kidney, vis-a-vis other programs of social welfare and defend the judgment.
5) Name the important legal aspects of the Uniform Anatomical Gift Act.
6) Explain the opposing views on the morality of organ transplantation when the donor is 1) a child, 2) a non-sentient adult, 3) a sentient adult.

G. Homosexuality

The student should:
1) After studying opposing viewpoints, decide whether homosexuality is
    a. a moral issue
    b. a medical-psychiatric issue
    c. a matter of life style of no concern to society

2) Assess the evidence and decide for himself whether homosexuality is biologically determined, the result of environmental forces, both or none of these and defend his position.

3) Examine and explain any differences between homosexuality and heterosexual relationships in terms of the potential each may have for providing a loving human relationship.

H. Human Experimentation

The student should:
1) Defend the position why human experimentation is ultimately necessary in the development of any new drug or medical procedure.
2) Describe the principal tenents of the Declaration of Geneva, The Nurenberg Code, the Declaration of Helsinski and the AMA Ethical Guidelines for Clinical Investigation.
3) Explain the difficulties involved in obtaining fully informed consent.
4) Describe the unique moral issues involved in experimentation of
   a. children
   b. fetuses.
5) Arrive at a workable solution to the problem of informed consent in psychological experimentation, that is experimentation in which the consent itself may interfere with or negate the phenomenon understudy.

I. Drugs and American Life

The student should:
1) Describe the salient features in the historical background of drug abuse -- medical and non-medical.
2) Explain the major problems in regulating of drug use by pharmaceutical houses, physicians, patients, and street drug users.
3) Describe the opposing views about the morality of hedonistic drug use.
4) Understand the differences in pharmacological properties of the opiates, barbiturates, amphetamines, and cocaine.

J. Human Genetics

The student should:
1) Describe the current status of capabilities in genetics and the more important clinical applications these have now and promise for the future.
2) Access the moral implications of these clinical applications.
3) Re-access the definition of human life in view of understanding of genetics.
4) Decide the ideal qualifications the person should have who intends to engage in genetic counseling and defend the judgment.

K. The Myth of Mental Illness

The student should:

1) Arrive at a definition of health and illness and be prepared to defend it.
2) Analyze the greater difficulties involved in defining mental illness as compared to physical illness.
3) Describe the major moral and legal implications of treating and incarcerating the mentally ill.
4) Examine and decide upon the utility of the current classification of mental illness.

HISTORY 99
DISEASE AND MAN

OBJECTIVES OF COURSE

N.B. The philosophy of testing and grading in History 99 was altered recently. The results were gratifying and the changes will be continued. The changes were based on the following premises:

1. A good teacher will know in advance precisely what he wishes his students to learn from a given course (course objectives).

2. The purpose of education is to assist all students to learn, not to manipulate course material and examinations in search of a bell-shaped distribution of final grades. Ideally the lowest grade would be a "B" though this goal has not quite been reached as yet.

3. Accordingly, course objectives are presented below as precisely as I have been able to formulate them. You will not be examined on anything that is not listed among these objectives.

COURSE OBJECTIVES -- HISTORY 99

1. To understand and be able to give examples of the way history has been altered by mass disease (epidemics) as well as disease in individuals. To understand that man's conception of disease has changed in the past and continues to change. You should come to understand primitive notions of disease, the Doctrine of the Four Humours, the concept of localized disease and the concepts of specific disease and specific causation. Also, you should have a grasp of the changing concepts of mental disease, and that disease is often (always?) defined by society, not the nature of disease itself.

2. Man's fight against disease has been a long search for specifics -- specific causation, specific diagnosis, specific treatment and specific prevention. The student should know the landmark events that initiated each of these specifics as well as the roadblocks in the path of earlier understanding and the significance of specifics in the history of man and disease. Why were certain discoveries so long in coming and what precisely caused them to be made?

3. The student should know the major contributions of the Greeks to medical history and the manner in which some of those contributions persist in our time.

4. A seminal concept in man's understanding of disease was the anatomical idea. The student should be able to define the anatomical idea, describe its origins and describe how it led to the concept of localized disease, improved physical diagnosis, what it did to medicine as practiced by the ordinary practitioner and its relationship to other medical sciences such as histology, physiology, and pathology.

5. The student should understand something of experimental medicine. This includes (1) the differences between experimental medicine as outlined by Claude Bernard and experimentation that went on before, (2) the basic rules governing sound experimentation, (3) what constitutes acceptable proof in biological experimentation (4) and the phenomenon of serendipity. You should also be able to illustrate these points with any one of Bernard's own experiments.

6. In total impact, man's understanding of contagious diseases has been greater than that of any other disease category. Accordingly, you should know why this understanding was so long arriving, the major contributions to the final solution, a rough chronology of the events as outlined in the lectures, and an appreciation of what the fight against infection has meant for mankind.

7. CHRONOLOGY - You should memorize the following approximate periods of medical history:

a.	Pre-history - the period before Egyptian medicine.	
b.	Egyptian	3000 B.C. - 500 B.C.
c.	Greek	600 B.C. - 300 B.C.
d.	Hellenic	
	1) Alexandrian	300 B.C. - 100 B.C.
	2) Roman	100 B.C. - 500 A.D.
e.	Monastic	500 A.D. - 1000 A.D.
f.	School of Salerno	1000 - 1200
g.	Scholastic	1200 - 1500
h.	Renaissance	1500 - 1700
i.	System Builders	18th century
j.	Specific Medicine	19th century
k.	Modern Medicine	20th century

You are not required to memorize a single specific date. However, you cannot appreciate the flow of history without a general grasp of the chronology involved. Accordingly, you should be able to place any event or man listed among the objectives within one of the above categories, and in an essay question you should be able to place the developments you are describing in their proper chronological sequence.

8. Identification and Significance

You may be asked to identify and relate the significance of any specific item listed below (you need not memorize any others unless you choose to). In the past, students have confused identifications with significance. Please be certain you understand how these two differ. For example, you might identify Vesalius as the man who wrote De Fabrica, but his significance is that his book was the first accurate medical description of human anatomy and it spawned the anatomical idea which led man to understand that normal bodily functions relate to the organs of the body and that abnormal function does also, i.e. disease is localized.

Items to be memorized: (And significance to be understood)

A. The Hippocratic Corpus
B. Galen
C. The Doctrine of the Four Humours
D. Paracelsus - 16th C.
E. Fracastoro - On Contagion 16th C.
F. Vesalius - On the Fabric of the Human Body. 16th C.
G. Harvey - On the Motion of the Heart & Blood in Animals 17th C.
H. Ambroise Paré 16th C.
I. Thomas Sydenham 17th C.
J. Morgagni - On the Seats and Causes of Disease 18th C.
K. Bichat - Treatise on Membranes ca. 1800
L. Virchow - Cellular Pathology 19th C.
M. Auenbrugger - 18th C.
N. Laennec - 19th C.
O. Louis - 19th C.
P. Jenner - 18th C.
Q. Holmes - 19th C.
R. Semmelweis - 19th C.
S. Pasteur - 19th C.
T. Koch - 19th C.
U. Ehrlich - 20th C.
V. Pinel - 18th C.
W. John Hunter - 18th C.
X. Bernard - 19th C.
Y. Frank - 18th-19th C.

The glossary of terms used in Ackerknecht's Short History is purely to assist your reading. You are not expected to recall them unless they appear as items to be memorized in the course objectives listed above.

9. Professionals may enjoy history for its own sake. Many students, however, suffer through courses in history in the hope that they will gain a better understanding of current problems, both personal and social. This course is designed for the latter goal and the means employed is CLASS DISCUSSION.

   Each lecture is designed to leave 10-20 minutes for discussion. I hope that this time will be directed toward relating the lecture to current problems.

   The material covered after the Thanksgiving Holiday deals directly with the historic derivation of current problems of disease and man. This leads to the final objective of History 99. The student should be prepared to argue either side (or both) of the social and moral problems of the material comprising these sessions. You will not be graded on which side you take (one cannot objectively evaluate opinion) but rather on the logical force and clarity of your argument and by a demonstrated understanding of the historical origin of a given predicament.

SUMMARY

To emphasize certain points, let me put them in the negative.

1. You will *not* be examined over any item unless it is listed here as a Course Objective.

2. There will *not* be an attempt to secure a bell-shaped curve. (In fact, if I end up with a classical Gaussian distribution, I will have failed as a teacher, because it will mean at least half of you have failed to learn some 30% of the material I believe you should learn in this Course.)

3. This is *not* a Course in memorization, but of understanding large movements and important concepts. With *proper utilization* of the few required memory items it is possible to score an "A" or "B" in History 99.

4. If you both learn *and enjoy*, then I will have succeeded indeed.

HISTORY 99
DISEASE AND MAN
FALL 1973

CLASS SCHEDULE

9:30 - 10:50 AM --- 100 Smith (School of Religion Building)

N.B. -- The roll is not checked in this Course. Students are responsible, however, for the content of lectures as well as all announcements. If you plan to miss a class it is your responsibility to determine any announcements that were made.

TU	28	Aug.	Assorted Red Tape
TH	30	Aug.	The Relevance of History
TU	4	Sept.	Individual Disease & Destiny
TH	6	Sept.	Mass Disease & Destiny
TU	11	Sept.	Primitive Medicine -- Faiths That Heal
TH	13	Sept.	Medicine Through The Greeks -- Disease is Natural
TU	18	Sept.	Alexandria & Rome -- The Famous Four Humours
TH	20	Sept.	Islam & The Middle Ages
TU	25	Sept.	The Anatomical Idea -- Modern Medicine Begins
TH	27	Sept.	Disease is Localized -- Diagnosis Becomes Specific
TU	2	Oct.	Harvey Film -- Zeitgeist and Physiology
TH	4	Oct.	Claude Bernard and Experimental Medicine
TU	9	Oct.	EXAM (REQUIRED)
TH	11	Oct.	The Mystery of Contagion
TU	16	Oct.	The Mystery Unravelled -- Diseases Have Specific Causes
TH	18	Oct.	Therapy Becomes Specific
TU	23	Oct.	Specific Review of Prevention -- Review of Specifics
TH	25	Oct.	Changing Concepts of Disease -- Do Diseases Die?
TU	30	Oct.	Disease in the 20th Century -- Action & Reaction
TH	1	Nov.	Polypharmacy in 20th Century America
TU	6	Nov.	Changing Concepts of Mental Illness
TH	8	Nov.	Leprosy & Syphilis
TU	13	Nov.	Quackery & Grave Robbing -- The Price of Superstition
TH	13	Nov.	The Rise of Medical Sects -- Homeopathy, Osteopathy, Chiropractic
TU	20	Nov.	OPTIONAL EXAM
			Thanksgiving begins 5:30
TU	27	Nov.	Contraception & Abortion -- The Right to be Born
(EVALUATION)			
TH	29	Nov.	Mongolism and The Thalidomide Tragedy -- The Right to Live
*TU	4	Dec.	Suicide & Euthanasia -- The Right to Die
TH	6	Dec.	Artificial Organs & Transplantation -- The Myth of Sanctity of Life
**TU	11	Dec.	Private Medical Morality -- Homosexuality, Pot and The Law
	12	Dec.	Last Day of Classes
	13	Dec.	Exams Begin

* Term Paper due if you are planning not to take the final exam.
** All Term Papers due.

EXAMPLES OF HISTORICAL TOPICS RELATED TO CURRENT ISSUES

A. INDIVIDUAL DISEASE AND HISTORY
What is obligation of public leaders to the electorate in revealing status of health? Eagleton affair, Wilson, Roosevelt.

B. MASS DISEASE AND HISTORY
Control of epidemic diseases depends entirely on intact social institutions, which are less secure than many may imagine.

C. PREHISTORIC AND PRIMITIVE DISEASE
The role of faith in healing

D. MEDICINE BEFORE THE GREEKS
Religion, magic and empiricism in current medical practices.

E. GREEK MEDICINE
The role of internal regulation in preserving professionalism. Ethics.

F. ALEXANDRIA & ROME -- THE FOUR HUMOURS
Are we as "enslaved" by the scientific method as medieval physicians were by Galenism?

G. MEDIEVAL MEDICINE
The proper role of "authority" in medicine and medical education.

H. VESALIUS AND THE ANATOMICAL IDEA
The fruits of doing it yourself. The far-reaching effects of a single concept.

I. WILLIAM HARVEY AND THE CIRCULATION OF THE BLOOD
Are there limits to the quantitative approach in biological research?

J. DISEASE IS LOCALIZED -- PATHOLOGY & PHYSICAL DIAGNOSIS
The role of the *Zeitgeist* in the growth of medical knowledge and its application.

K. THE MYSTERY OF CONTAGION
The proper way to look at history is from within the periods themselves -- the strong case *against* contagionism in 1840.

L. THERAPY BECOMES SPECIFIC
Faddism in today's medicine.

M. MEDICINE IN THE 20th CENTURY
The limitations to predicting the future.

N. CHANGING CONCEPTS OF DISEASE
Disease has no ultimate reality but is defined by society. Psychiatric illness as a current example.

O. ACTION & REACTION IN MEDICAL RESEARCH
The social problems created by medical discovery.

P. HOMEOPATHY, OSTEOPATHY & CHIROPRACTIC
The psychology of quackery.

Q. THE IMAGE OF THE PHYSICIAN
The physician always functions in relative ignorance. Many of today's medical practices would appear ludicrous at the hands of Moliere. Laughing at one's professional progenitors can lead to salutary self-examination.

THE JOHNS HOPKINS UNIVERSITY
School of Health Services

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Health Associate Program

Humanistic Studies in the Health Associate Program

A description of an integrated modular curriculum experiment

The School of Health Services

Responding to the demands for improved quality of personal health care in the midst of problems of rapidly rising costs, overwhelming technological advances, and serious maldistribution of health resources, The Johns Hopkins University established the School of Health Services in 1971. It was seen that some new roles and professional categories in the emerging health care systems of the United States were necessary. The first two-year upper-division baccalaureate program began in the fall of 1973 for Health Associates, health practitioners trained for semi-autonomous decision-making and health maintenance in primary health-care settings. A two-year baccalaureate program for Nurse Practitioners is expected to open in 1975, and plans are developing for comparable training in Occupational and Environmental Health and in Clinical Laboratory Sciences.

From the inception of the new School, high priority has been given to providing a learning environment which encourages the development of skills and insights necessary for problem-solving, and the caring, supportive aspects of interpersonal relationships. The School intends to graduate health practitioners who can both analyze critically problems of disease and health and respond creatively to a wide variety of people and situations. Such broad objectives require the use of the intellectual tools and professional skills not only of the sciences and technologies, but also of the humanities and arts.

The Health Associate Program

The curriculum of the Health Associate program is organized in a sequence of teaching modules focusing on normal life stages from pregnancy to death, and on representative health problems affecting large numbers of the American population. These teaching units are now arranged as follows:

Year 1: First and Second Semesters

General Principles

Pregnancy and Fetation

Childhood Growth and Development
Upper Respiratory Infections
Allergy/Asthma

Adolescent Growth and Development
Accidents
Genital Disorders
Venereal Disease
Urinary Tract Infection

Adulthood
Anemia
Chest Pain
Lower Respiratory Infection
Skin Diseases
Mental Depression
Back and Joint Pain
Headache

Summer Session
Chemical Dependency
Obesity
Upper Gastrointestinal Disorders
Lower Gastrointestinal Disorders

Year 2: First Semester

Senescence

Death and Dying
Hypertension
Diabetes
Chronic Renal Disease
Arteriosclerosis
Cancer
Seizures/CNS Problems
Severe Mental Illness/Psychosis
Mental Retardation

These modules, which may last from one to three weeks, are taught by interdisciplinary and interprofessional teams using lectures, discussion groups, individual study projects, clinical experience, and supervised family and community health care activities. Much effort is given to promoting the integration of learning, and to preventing course isolation or excessive overlap of teaching. Teams of health professionals from a variety of backgrounds (including medicine, nursing, and social work) do most of the clinical teaching. The various disciplinary contributions are organized into three major groupings: Human Biology, Social Sciences, and Humanistic Studies, each taught in an integrated manner related to the modular topic.

Rationale for Humanistic Studies

The Humanistic Studies portion of the curriculum examines the life stages and health problems from a wide variety of vantage points: literature, history, philosophy, law, politics, religion, art, music, and dance. Major themes such as "Self-Image Formation" and "Ethical Decision-Making" provide a loose connecting framework. Students are encouraged to discover their own personal interests in the arts and humanities and to explore connections with their new professional roles.

It is not assumed that study in the humanities will necessarily produce a humane health practitioner, but the student can learn about the unique nature of individuals and events and the non-quantifiable dimensions of many health care processes. Experiences with the visual and performing arts bearing on health and disease will not prepare a health worker who is also a polished artist or knowledgeable critic. It is likely, however, that she or he may realize some of the excitement and satisfaction possible in developing the imaginative and aesthetic dimensions of practitioner-client relationships and health activities with families and communities.

The following examples of lecture/discussion topics that have been presented this year in representative modules illustrate the approach used.

Pregnancy and Fetation

The Rights of the Fetus and the Question of Abortion

Childhood Growth and Development

Children in Art: The Adult Artist and Children's Drawings
The Child: Movement Patterns and Non-Verbal Communication
Legal Rights of Children and Related Responsibilities
    of Health Practitioners
Historical Development of Child Care Centers

Adolescent Growth and Development

Self-Image and Body Image in Adolescence
Literature of Adolescence and Youth: Doris Lessing's *Martha Quest*

Accidents

The Theme of Violence in Art
Bangladesh: A Study in Mass Disaster

Adulthood

Self-Image of Women in Contemporary Society: A Study of Women's Poetry Today
Romance and Suicide: Some Reflections on *Madame Bovary*

Anemia

Sickle Hemoglobin as a Factor in Population Movements and Political Process

Chest Pain

Workshop: Videotape, Role-Play, and Discussion (A videotaped interview showed a client describing his history and reactions to coronary artery disease.)

Mental Depression

The Ethics of Suicide
Depression in Art
Music and Mood Change

Description of Humanistic Studies

Humanistic Studies is a required course that meets two hours each week on Thursday mornings. In the first hour the staff or guest presenter lectures or demonstrates, and in the second hour discussion continues in four small groups of eight students plus one faculty member. Occasionally a speaker or activity requires more time (e.g., a presentation in dance therapy); in such instances the entire class stays together for the two hours allotted.

In addition to attending the lectures and discussion, students are expected to develop an individual project of their own choice and design, to be presented as a written paper, orally, as a slide-sound production, or by videotape. Some titles of projects students are currently developing illustrates this part of the program:

"A Study of Death and Suicide in Poetry"
"The Place of Tribal Dances in the Medical Practice of Two
Communities: the American Navajo and the African Hausa"
The Androgynous Vision in the Writings of Virginia Woolf"

Members of the Hopkins and greater Baltimore community have shared in supplemental activities, a series of informal humanities evenings which have included a jazz-blues program, a poetry reading, a chamber music concert, and a discussion of health care in Cuba and Algeria. A series entitled "Women in Love: Literary Studies of Medea, Cleopatra, and Lady Chatterley" was presented in three noon-hour sessions for students and staff of the School and University at large. We expect to sponsor one-day elective workshops for students and participants from outside the School in areas such as dance and art therapy, the theater and psychodrama, creative writing, and the use of media such as videotapes and audiotapes.

Faculty and Institutional Resources

The Humanistic Studies program is planned and implemented by a core group of two full-time and two part-time faculty members, a Health Associate student, and a secretary. The two full-time faculty persons, Geri Berg and Dennis Carlson, serve on other teaching teams and committees and play a variety of roles within the School, some not specifically related to Humanistic Studies. Ms. Berg, also Director of the Media Resources Center, has a graduate degree in art history and is trained and experienced in media, education, and mental health counseling. Dr. Carlson is a physician with graduate training in medical history, the behavioral sciences, and public health. The two part-time teachers, William R. Mueller and Lorraine Hunt, are at the School on the teaching day for class work, counseling, and committee functions. Dr. Mueller, a well-known scholar and writer, has extensive experience teaching English literature, drama, ethics, and religion in several area institutions. He has training and experience in counseling, and directs The Humanities Institute of Baltimore. Dr. Hunt, who has graduate degrees in English literature, is the project director for the Institute on Human Values in Medicine. She has professional training in occupational therapy, and has also worked in drug abuse programs. Mr. Dennis Myers, the Health Associate student, was selected by his colleagues to serve liaison functions. Ms. Rita Conant, with training and experience in drama and business, provides administrative support and supervises the audiovisual documentation of the weekly sessions.

Because the teaching program requires participation of persons from outside the regular Humanities faculty, serious effort is being made to develop an informal community of scholars, teachers, administrators, and practicing and performing artists interested in the relationship of the arts and humanities to problems of health and disease. This community is being drawn from the School itself, the University, and the greater metropolitan area.

From the earliest stages, the planning and development of the Humanistic Studies program has had strong support from the administrative staff of the School and from the University. As an integral part of the School organization, and particularly of the Health Associate program, current financial support is derived primarily from the Robert Wood Johnson Foundation; in early planning stages, funding also came from the Carnegie Corporation. Because the full-time staff members also work in other activities of the School, there is significant overlap of financial backing. Application for other foundation support has been made.

Evaluation

Evaluation of the Humanistic Studies program is under the guidance of the Assistant Dean and Director of Health Manpower Studies. The large, important questions of how graduates will function in the coming years will no doubt have implications for the Humanistic Studies course. Behavioral objectives are being written, and current student responses to the course are being studied. Personal and professional development is being observed. Selected students are keeping anonymous daily logs of all learning activities and their individual reactions to these experiences. All students make written responses to course content in periodic critiques throughout the year. The students' individual projects will provide additional indicators of student interest and development.

Effectiveness of the teaching process is being studied by several groups. Periodic student and staff evaluation sessions are conducted; students are also included on all School committees. The interprofessional teaching team spends time each week discussing the integration of all program components.

Videotaping 10-15 minutes of each lecture and audiotaping all of each session is done regularly for future evaluation, and for the production of a visual documentary of the first year's program. The close collaboration of the School's Media Resources Center makes this archive development possible.

Plans for Change

While it is very early to be specific about directions and emphases in planning, certain needs for the coming years are becoming clear. Much effort must be made to define educational objectives and to develop evaluation methods further. To individualize student programs, a contracting system is being tested, in which each student negotiates a "contract" describing the relative emphasis he or she will place on the two major facets of Humanistic Studies: a creative synthesis of lecture, discussion, and reading materials; and an individual study project in the arts and humanities. Staff resources are being developed to give fuller emphasis in these areas of concentration: literature (novels, poetry, drama); art (media, painting, drawing); history (art, medicine, science, culture); ethics (philosophy, religion); dance and music (non-verbal communication, therapy). Particular emphasis needs to be placed on the basic philosophy of approaches to complex issues. Effort must be made to give more concentrated attention to certain unifying themes, such as self-image development at various life stages. More use of videotapes and films would be profitable.

Other changes in teaching will depend largely on the School's program development and general growth. Next year there will be both Junior and Senior classes of Health Associates; entirely new programs in Nursing and Clinical Laboratory Sciences will follow within a short time. Some core teaching may be applicable to all categories of students; some specifically tailored required or elective courses may be necessary to meet the needs of different categories of students.

Problems for Consideration

In implementing a Humanistic Studies program such as this one, several major problems arise. It is very difficult to focus teaching on a series of life stages and health problems which are not organized by academic specialties or professional categories. The teaching staff must orient themselves to the new style; they must have relatively broad interests and backgrounds, and the ability to communicate across professional boundaries without using technical jargon. This program has been extremely fortunate to have core faculty with both academic preparation in the arts and humanities, and training and experience in the health professions. It is not necessary that every teacher have training in both areas, but the experience this year indicates that every faculty member must be committed to exploring and establishing relationships between his or her academic discipline and health-care problems. The humanities scholar must modify his or her teaching methods to achieve a reasonable success in an integrated program of this nature. The teaching staff in Humanistic Studies who have full-time appointments and play other roles in the institution, provide on-going communication and curriculum integration in formal and informal pathways, not only within the School itself but also in other schools of the University.

Because this educational experiment is still in an early phase, its long-term impact cannot be judged. Nevertheless the first experiences indicate that significant satisfaction is being felt by most students and teachers. Theory is being combined with practice. Learning takes place within the context of responsibility for service. Through a wider understanding of the humanities and arts, students are growing in their awareness of the patient as a whole person, living in a dynamic and complex world.

UNIVERSITY OF MARYLAND
School of Medicine

Prepared by
Gerard J. Hunt, Ph.D.
Department of Psychiatry

Past Programs

Interest in the relation between health and human values has had a long history at The University of Maryland School of Medicine. From 1951 to 1965 Dr. John Reid, Professor of Philosophy in Psychiatry, presented a number of lectures on the philosophical aspects of medicine. Professor Reid also wrote a number of papers on human values and medical education during that time.

In the Spring of 1969, Professor E. A. Vastyan, Chairman of The Department of Humanities at the Milton S. Hershey Medical Center, made the first of three annual presentations on the topic "Dying and Death." These lectures were part of a required freshman psychiatry program dealing with the relationship between social factors and health and illness. The course was taught by Drs. Gerard J. Hunt and Robert L. Derbyshire, both medical sociologists.

The Dana Friday Lecture Series sponsored by the Department of Psychiatry has been another forum for the discussion of issues of human values and health. In September, 1970, Edmund D. Pellegrino, M.D., then Vice President for the Health Sciences and Dean of The Medical School at The State University of New York at Stony Brook, presented a lecture entitled "The Most Human of the Sciences, The Most Scientific of the Humanities." In September, 1972, Bernard Towers, M.B., Ch.B., Professor of Anatomy and Pediatrics at the University of California at Los Angeles, also spoke on "The Humanities and the Practice of Medicine."

In October of 1972, the Department of Psychiatry sponsored a panel discussion on the allocation of scarce resources, with special reference to hemodialysis. The main speaker was Renée Fox, Ph.D., Professor and Chairman of The Department of Sociology at The University of Pennsylvania, who presented a lecture on the "Social and Ethical Aspects of Hemodialysis." Discussants included Dr. George Schreiner, Division of Nephrology, Georgetown University School of Medicine, and Dr. Robert Mason, Professor and Chairman of the University of Maryland Department of Surgery.

The panel was introduced and moderated by Dr. Eugene Brody, Professor and Chairman of the University of Maryland Department of Psychiatry. Dr. Brody had participated previously in workshops on medicine, psychiatry, and values sponsored by the American Association of Chairmen of Departments of Psychiatry in 1971, and by the Institute for Society, Ethics, and the Life Sciences in 1972.*

Current Programs

These experiences constituted the background for a major series of presentations on Human Values in Medicine which was organized in the Fall of 1973. This series was co-sponsored by Dr. Brody's newly formed Office of the Associate Dean for Social and Behavioral Studies, together with the Institute on Human Values in Medicine. It consisted of six major presentations by persons from throughout the country who had been working in the area of values, medicine, and health. The individual presentations included:

September 13 "Problems of Genetic Counseling"

Thomas H. Hunter, M.D.
Professor of Medicine and Director
of the Program in Human Biology
University of Virginia School of Medicine

September 14 "The Philosopher in the Medical School"

K. Danner Clouser, Ph.D.
Associate Professor of Humanities
College of Medicine
The Milton S. Hershey Medical Center

September 20 "The Tuskegee Syphilis Study: A Report on Forty Years of Experimentation with Human Beings"

Jay Katz, M.D.
Professor of Psychiatry and Law
Yale Law School

September 21 "Informed Consent: Its Legal and Psychological Dimensions"

Jay Katz, M.D.
Professor of Psychiatry and Law
Yale Law School

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*The Journal of Nervous and Mental Disease has published two editorials by Dr. Brody bearing on the problems of values in medical practice and research: "On the Legal Control of Psychosurgery" (Vol. 157, No. 3), and "Biomedical Innovation, Values, and Anthropological Research" (Vol. 158, No. 2). Reprints are available from Dr. Brody.

November 9 "Human Values in Medicine: A National Perspective"

Roger J. Bulger, M.D.
Executive Officer
Institute of Medicine, National Academy of Sciences

November 16 "Human Values and the History of Medicine"

Chester R. Burns, M.D., Ph.D.
Director of the Division of the History of Medicine
University of Texas Medical Branch (Galveston)

We had two goals in mind in sponsoring this series. First, we wished to highlight the area of human values and some of the important issues contained therein for our medical school faculty and students. Second, since the Office of The Associate Dean for Social and Behavioral Studies was also concerned with developing integrated programs for the six professional schools on the Baltimore City campus of the University of Maryland, we also wished to raise human values issues with the students and faculties of our Schools of Dentistry, Law, Nursing, Pharmacy, and Social Work and Community Planning.

In order to reach these audiences and give the series as much publicity as possible, a descriptive brochure was prepared and circulated to every faculty member in the school of medicine and to the faculties of the other five schools who were members of the newly formed Social and Behavioral Studies Reference Group. This group met weekly with the Associate Dean and his staff. In addition, the brochure was sent to the Deans and Department Chairmen of all the schools on our campus. Posters were also prepared and displayed in prominent places in the university hospital.

Finally, almost all of these presentations were scheduled as part of a regular Friday Conference Lecture Series which has been presented for many years by the Department of Psychiatry. This meant that many of the faculty members we were trying to reach might have already set aside this time in their schedule to attend these lectures.

What were the results of this planning and these expenditures of time, effort, and money? In general the attendance at all the human values presentations was quite good; an average of 75-100 persons attended each lecture. (The exception was the one presentation that was scheduled outside the regular Friday lecture time.) The audience included a number of faculty from medical departments other than psychiatry, and an equal number of faculty from other schools on our campus. The presentations were consistently of high quality, and the reaction of the audience to each was very positive.

A luncheon financed by the Office of the Associate Dean was held immediately after each presentation to give those who wished an opportunity to discuss the issues raised with each lecturer and also with each other. This informal exchange enabled faculty members interested in the area of human values and health care to meet colleagues with similar interests. It also enabled them to begin to discuss the content involved in this area, and possible ways of assisting both faculty and students in the process of learning and appreciating that content.

Informal discussion with these lecturers was also encouraged via small group discussions held in Dr. Brody's office. These were held either on the afternoon preceding the lecture or on the morning of the lecture itself. While they were helpful in bringing together persons interested in human values issues, faculty members in the traditional clinical specialities--with rare exceptions--declined our invitations to join these discussions.

Thus, it seems that our efforts have served to stimulate and encourage the discussion of human values concerns within our medical school and within the five professional schools on our campus.

Future Programs

What are the prospects for future development? At present a six-session seminar on "Death and Dying" is being offered to our junior medical students as part of their surgical rotation. The course is offered by Dr. Nathan Schnaper of the Department of Psychiatry. The course includes discussions of the issues of grief, euthanasia, and management of the dying patient, as well as a presentation of the work of Elizabeth Kubler-Ross. (Her film To Die Today is shown.*) This required course will continue, and an elective in this area is now being planned by Dr. Schnaper and others.

Another elective dealing with health and human values is being planned by Dr. Keith Smith of the Department of Social and Preventive Medicine and Dr. Brody. This course entitled "Values and Patient Decision-Making in Health Care" will include a discussion of: the nature of values, attitudes, and beliefs; the mechanisms by which people make decisions; definitions of health as a value; and motivations which operate in professional-patient relationships.

Finally, the inter-school reference group sponsored by The Office of the Associate Dean for Social and Behavioral Sciences has among its members a number of faculty persons from the different professional schools on our campus who are interested in developing teaching programs in the area of human values and health care. Toward this end, in June of 1974 the Associate Dean's Office will sponsor a two and one-half day retreat. This meeting will culminate a year of planning for coordinated programs in social and behavioral studies and human values among the six professional schools on the Baltimore City campus. Participants will include: the Chancellor of the University of Maryland, Baltimore City; the six Deans of the professional schools; faculty within those schools who are teaching and doing research in these areas; and the following six consultants:

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* 56 minutes; 16 mm; B&W; sound. Available from: Filmakers Library, Inc., 250 West End Avenue, N.Y., N.Y., 10023 (Phone: 202-877-4486). Rental: $35 plus postage and handling.

DeWitt C. Baldwin, Jr., M.D.
Director of the Allied Health Program
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M. Margaret Clark, Ph.D.
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Charles C. Hughes, Ph.D.
Chairman, Division of Behavioral Sciences
University of Utah Medical Center

Evan G. Pattishall, Jr., M.D., Ph.D.
Professor and Chairman
Department of Behavioral Science
Pennsylvania State University College of Medicine

E. A. Vastyan
Professor and Chairman, Department of Humanities
Pennsylvania State University College of Medicine

Ronald M. Wintrob, M.D.
Associate Professor of Psychiatry and Anthropology
The University of Connecticut Health Center

If the results of these efforts reach fruition, coordinated teaching programs in social and behavioral studies, including human values, could be underway in our six professional schools within one or two years. In the meantime, the fragmented efforts described above will continue.

Summary

The processes of change in an old and established medical school such as the University of Maryland can seem agonizingly slow. Frontal assaults aimed at changing the curriculum have met with considerable resistance -- due in part to the additional demands which they make on existing faculty. If the faculty and those who control the major resources of the school (curriculum time, money, and personnel) are invited to learn about the issues involved in human values programs, and if these issues are presented in a way that is relevant to the problems that these persons face, human values programs will stand a better chance of acceptance.

To date our programs have been aimed primarily at faculty; while some students have attended, it appears that learning situations appropriate for them may be different from those that are appropriate for the faculty. (Our faculty seems to have a higher tolerance for lectures than our students.)

Links with Social and Behavioral Studies. The beginnings of our human values program are linked closely with our social and behavioral studies program. This seems to have a number of advantages. First, it reduces the debilitating effects of unnecessary competition between these two areas of study. When some of the same individuals are involved, the possibility of sharing resources and curriculum time increases.

Secondly, while social and behavioral scientists are relative newcomers to medical education, they have been around for almost twenty years and have learned many valuable lessons in that time. Those who desire to prepare and present human values teaching can profit greatly from their colleagues in the social and behavioral sciences. (No doubt, fresh insights and understandings will serve as a reward for the latter's labors.)

One area in particular with which social and behavioral scientists have struggled may be useful to humanists in medical settings: the development of appropriate teaching modalities for the different aspects of their disciplines. Some of what both social and behavioral scientists and humanists present is cognitive in nature and amenable to written presentations and lectures; (e.g., epidemiological aspects of different illnesses, religious teachings and prescriptions as related to health care, etc.) Other material aims at the development of skills, and lends itself more to repeated practice under the watchful eye of a faculty member; (e.g., interviewing, history-taking, dealing with bereaved families, etc.)

Finally, there is the development of appropriate attitudes and values on the part of health care practitioners themselves. This kind of learning involves developing the practitioner's awareness of himself or herself as a person, as well as of the patient as a person. Lectures, textbooks, and practice sessions are not helpful modalities for learning in this area. Exposure to emotionally charged material (e.g., films, written documents such as novels and poetry, and actual patient contact) followed immediately by small group discussion or other faculty-guided conversation can be most helpful in the development of appropriate attitudes and values in our practitioners. Since modeling is most important in shaping attitudes and values, care should be taken in the selection of the faculty chosen to lead the small groups or to act as mentors.

Progress to date is slow, and much of what many of us would like to see happen is not happening. But there is now a nucleus of faculty members who are working to bring about more active teaching and learning in this area. Time will tell how successful we will be.

STATE UNIVERSITY OF NEW YORK AT STONY BROOK
Health Sciences Center
Division of Social Sciences and Humanities

Prepared by
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Assistant Vice President for
Health Sciences Academic Affairs

Faculty 1973-1974

Professors R. L. Coser (Sociology); D. M. Fox (History and Public Administration); H. Kelman (Education and Applied Sociology). Assistant Professors B. Bellman (Anthropology); M. Munk (Political Science); R. Williams (Philosophy and Law).

The Health Sciences Center consists of five professional Schools (Allied Health Professions, Dental Medicine, Medicine, Nursing, Social Welfare) and a School of Basic Health Sciences and five support Divisions. The Division of Social Sciences is the only teaching unit of the Center not organized within a School.

Administrative Structure

The Division reports to the Vice President for Health Sciences through the Assistant Vice President for Health Sciences Academic Affairs. The latter manages the affairs of the division with significant assistance and justifiable resistance from the faculty while a Search Committee moves with customary academic speed to choose a new chairman. The founding chairman, Richard M. Zaner, left in June, 1973 to become the Easterwood Professor of Philosophy at Southern Methodist University.

Funding

All but one of the Division's faculty lines are carried in the regular budget. The one member still supported by the Commonwealth Fund grant, which accounted for the major share of the Division budget in the early years, will be transferred to the State payroll during the current year. Support costs are also borne by the state. Negotiations were suspended for institutional support funds from other sources until a new Chairperson is selected.

History of the Program

The Division is now in its fourth academic year. The comments prepared for the second session of the Institute on Human Values in Medicine in 1971 are still the best statement of the purposes and early expectations of the Division. A condensed version of that statement follows:

> "The development of a strong and innovative humanities program in the Health Sciences Center was motivated by reasons eloquently set forth by Dr. Edmund D. Pellegrino, Vice President for Health Sciences and Director of the Health Sciences Center, in many other presentations over the past twenty years. As he points out in the Sixth Sanger Lecture, those involved in general university education no less than in the teaching and practice of medicine in all its aspects, find themselves 'in the wake of a metaphysical rebellion which on the one hand exalts man and on the other overshadows him in technology and mass organization. Things and services designed for the presumed benefit of man too often end up by dehumanizing him. Man's most daring creations promise to annihilate him as a person unless he can decide who he is, what his existence is for, and where it should lead.'
>
> "The interdisciplinary faculty now constituting the Division of Social Sciences and Humanities was organized specifically to work in the context of health professional education to enhance and revitalize it, while at the same time providing humanistic and social scientific scholars a remarkable opportunity to study the fundamental issues of human individual and social life in the concrete settings where they arise in the most urgent and poignant way. The questions of values, beliefs, actions, alienation, authority, freedom, constraint, affection, and the like are present in abundance in the health context, for even the most everyday matter of patient care exemplifies most of the perennial problems of human life. By addressing these in a variety of pedagogical settings within the health professions, the faculty of the Division has been able to realize, at least partially, this double aim. At the same time, working together with their respective academic departments and other university faculty and students, close and mutually enriching educational experiences have begun to develop between the main campus and the Center.

"Traditionally, one of the main distinctions, both in faculty and in curriculum, in medical education has been between the basic health sciences and the clinical sciences. The former were conceived as providing the basic scientific concepts needed by students, while the latter were concerned primarily with the application of these to patient care. Inevitably, this distinction resulted in a variety of tensions, not the least of which was competition over that precious and scarce resource, student time. One of the implications of the presence of the Division in the Center is to attempt to reconceive that relationship and surmount the tensions implicit in it. For, if forced to plan curriculum in terms of that distinction, it is plain that the humanities and social sciences would be obliged to make a choice between being placed with either one or the other group, neither of which accurately represents the kind of substantive knowledge which the faculty of the Division seeks to present to students. Accordingly, the Center is attempting to put into operation a different model, one which more faithfully represents the actual tools, skills, and knowledge needed by health professional, and especially medical, students. Differentiating between the different kinds of knowledge needed to become competent, humane, and informed health practitioners, we are now attempting to approach these needs in terms of a distinction between issues and themes related to man and the human world, and the ways in which these arise in the clinical settings of medical practice. Thus, just as health professional students require a basic knowledge of human biology, so too do they need basic knowledge of the creative, philosophical, historical, and social (i.e. the "humanistic") dimensions of man and the human world. Similarly, just as these students must be competent to detect, diagnose, and treat human beings ("patients"), so must they be able to understand the nexus of values, beliefs, life-styles, and the like of their patients and themselves as professionals. Thus, the faculty of the Division will necessarily be intimately involved in both phases of students' education: conveyance of basic knowledge, and involvement in the ways in which these concepts and data (biological, philosophical, historical, etc.) are applied to people's health and illness."

From Past to Present

The Center is in a period of transition following Dr. Pellegrino's departure for the University of Tennessee in mid-1973. Although the Acting Vice President, Dr. J. Howard Oaks, has demonstrated his support for the Division, faculty members are uneasy. The Division has been unavoidably marginal: to Deans and faculty in the professional schools; to liberal arts colleagues; and to students. A few pessimists predict the demise of the Division, or its absorption by a more powerful department.

The Division has, however, begun to adapt to new conditions. It prospered in its first three years for two reasons. First, Dr. Pellegrino nurtured and protected it. Second, the senior faculty members brought to Stony Brook had sufficient stature in their disciplines to merit respect. Since Dr. Pellegrino's departure, much energy that had been channelled into maintaining and enhancing disciplinary stature--through teaching, research and service--has been allocated to building constituency for the Division.

The Division's stature in the Center and the University will depend on the relative success of current projects in these areas:

1. Delivering liberal arts instruction to undergraduate students in the health professions in ways that motivate them to do more than appear, persist, and bank required credits.
2. Developing teaching programs which assist students in the College of Liberal Arts who contemplate entering a health profession, to make more sophisticated decisions.
3. Communicating the concerns of social scientists and humanists working with issues of health and illness to the general community through continuing education programs.
4. Expanding participation in classroom, laboratory, and clinical instruction traditionally reserved exclusively for members of the professions for which students are being trained.
5. Organizing networks of scholars and advanced students across disciplinary lines to address through research problems of interest to humanists, social scientists and health professionals.

Current Program

1. Components and Content

a. School of Medicine

The Division has forty hours of teaching time in the early months of the first year curriculum. Students rotate among groups taught by Division members. Faculty members in sociology, philosophy, law, and political science chose to relate their teaching to students' experiences in hospital settings in their "Introduction to Clinical Medicine." The historian offered an introduction to selected problems in the history of modern medicine. In theory, the social sciences and humanities course is required; in practice, students soon discover that they pay more severe penalties for inattention to the traditional basic sciences than for ignoring the social sciences and humanities. (There are other problems with this course, a few of which will be mentioned later.)

Several members of the Division faculty participate in the integrated organ systems curriculum, which begins at the end of the first year. This teaching is particularly well received when the Division members' knowledge complements and helps to organize material presented by clinicians and natural scientists. Opportunities of this kind, however, must be sought amidst the pedagogical and logistic complexity of systems teaching by considerably burdened Division faculty.

Discussions have been held with the Departments of Psychiatry, Family Medicine, and Community Medicine about participation in clerkship and residency programs. Much work remains to be done.

b. Elective Courses for Other Schools in the Center

The Deans and faculties of the Schools reserve one afternoon each week for elective inter-professional instruction. Students choose among courses taught by faculty drawn from all Schools of the Center, and designed to meet widely discussed criteria. Members of the Division offer courses alone or in collaboration with faculty from professional schools. The tendency for courses in sexuality, nutrition, and group process to drive out more abstract offerings is corrected by restricting enrollment in sex education courses during prime time, and enabling undergraduates to meet their University arts and humanities requirements with selected inter-professional courses. Several of the courses in which Division faculty participate attract students from all five professional schools.

c. Professional Courses in the Schools of the Center

The number of these courses has increased each year, with corresponding growth in the credibility of Division faculty to professional educators. Offerings include: courses in politics and in family history for undergraduate and graduate students in the School of Social Welfare; assistance to the Schools of Allied Health Professions, Nursing, and Social Welfare in developing courses in research methods; introductory courses in public policy and administration, and program evaluation for graduate students in health care administration; and collaboration with the Department of Dental Health in preparing a field experience sequence for first-year students.

d. Courses Offered Primarily for Students in Arts and Sciences

This year, four members of the Division offer undergraduate courses through departments in which they hold joint appointments. Two faculty members are active in training advanced graduate students in their disciplines. In addition, many part-time graduate students have enrolled in courses offered through the University's Continuing and Developing Education Office.

2. Style of Teaching

There is considerable diversity in styles of teaching. Every member of the Division lectures and conducts discussion groups. Most faculty are more comfortable and effective in solo rather than ensemble teaching; one person, however, does almost all of his teaching in collaboration with other faculty.

Teaching is not limited to didactic classroom instruction. One person arranged and administered a "course" organized as a series of related colloquia, with guest speakers from several disciplines. Another involved students in a community research project. Yet another joined an inter-disciplinary team teaching interviewing, history-taking, and introductory physical assessment. Every faculty member has spent some teaching time in a setting in which health care is delivered. Many independent study projects are supervised.

Program Objectives

The Division has been under pressure to translate its guiding abstractions, quoted above in 1972 prose into "behavioral objectives." Whatever else they do, precise objectives enhance the mutual accountabilty of students and teachers. It is difficult however, to state objectives which avoid the trivial and the terrifying. One marginally successful attempt (some students said) was made in the Introduction to the History of Medicine, where objectives were specified from a professional historian's perspective as answers to these questions: What do historians investigate and debate? What methods do they use? What is the "paradigm of normal science" among contemporary craftsmen in the discipline? What purposes does history -- formally and informally presented -- serve for physicians?

The charge that objectives are not explicit has become a universal cliché. Many consultants and review committees would be paralyzed without the obligation to urge clarity on any human group suspected of ambiguity. Although the Division has become more explicit over time, it must develop skills to resist reductionist behavioralism that oversimplifies the pluralism of both humanistic and medical culture.

It is difficult to assess the reaction of colleagues in the health professions to the Division's objectives, both abstract and behavioral. Support grows as objectives become more general. At any level of specificity, there are both defenders and people willing to do the job better. Head-counts vary with particular offerings, but in general the Health Sciences Center's humanists could not withstand a sudden excess of democracy. In sharp contrast, some Arts and Sciences colleagues worry about the threat to their academic freedom from the contagious pressure to tell on request what is taught and for what purpose.

Allies and Resources

Division faculty are grateful to clinician colleagues who have supported their mission by the deceptively simple strategem of putting them to work. These acute and gracious individuals are, fortunately, members of the faculty of each School of the Center. In addition, aid and counsel have been provided at critical moments by members of the health disciplines which currently make the most effective use of the concepts and tools of social sciences and humanities (e.g., Community Medicine, Psychiatry, Dental Health, Health Care Administration, Community Nursing, and Social Welfare). It has been difficult to remember that these friends are also struggling against pressures toward marginality, and must at times score points at the Division's expense. Finally, the Division has benefitted from the presence in the Center of talented and dedicated basic scientists who comprehend and support others' desire to know, because of their own profound commitment to the best academic values.

The Division has been ably supported by two Directors of the Health Sciences Library: the first, a gifted collector and dedicated scholar in the history of medicine; and his successor, who has had time and resources to provide effective service to faculty and students. Xerography and flaccid copyright laws have made it possible to limit student excuses for non-preparation to the quality of the reading, or the instruction, or the xerox copy; or to a competing academic claim on attention. Students tend to read more of shorter assignments than of longer ones.

Evaluation

Like more colorful political actors, the Division's supporters and detractors have voted both early and often.

By now, all programs within the Center are accredited or in the final stages of review. Most accreditation teams ignore the Division; a few praise it as part of the inconography of The Modern in professional education. The most recent to visit the School of Medicine talked encouragingly to students, medical faculty, and Division faculty about the program.

Together with colleagues in the professional programs, the social scientists and humanists have been more concerned with innovation than with quality control. Within the past year, however, more serious efforts at individual and program evaluation have begun to attract local attention.

A Personal Statement

No method of evaluation can substitute for agreement on what criteria will be used for judgment. Despite the language in this report (that appears to elevate constituency-building and political sagacity into major academic values), I still evaluate my own teaching by ancient and unmachineable criteria. I will continue to over-value the words of a second-year medical student who thanked me for talking to the class studying the respiratory system because, "Nothing you teach is on the damn exam; it's interesting and instructive." And I take counter-political pride in the third-year student who published a satirical paper, written for an independent study I supervised, begun as a mischievous (and frowned upon) rebellion against an examination in Human Behavior.

Significant Changes

The administrative location of the Division will probably change when a new Vice-President is chosen. Possibilities now under discussion include: reorganization as a section of a Department within the School of Medicine, or as a free-standing Department in either the School of Medicine or the School of Basic Health Sciences. The issue may not be resolved until both the new Chairperson and the new Vice President are selected. Most observers believe, however, that the Division needs the collegiality of participation in the affairs of a Health Sciences Center within a unit that is larger than half a dozen people.

Changes are also occurring in the relationship between the Division and liberal arts departments on the campus. The Division is taking a more active role in promoting and coordinating interaction among faculty and students in the health sciences and the arts and sciences. It is not anticipated that the size of the Division will change appreciably in the next few years. What can change, however, are the size, visibility, and effectiveness of the networks in which faculty members perform their teaching, research, and service tasks. The new Chairperson will have to be a network manager, at substantial cost in personal research time.

Advice to Other Institutions: Another Personal Note

In the 1972 Institute paper, Dr. Zaner and I described four obstacles to reaching our goals. My perception of these problems has changed in the ways discussed below.

1. We lamented the difference between the resources projected in the Center's Academic Plan, and those actually available in what we then thought were the bad years of transition to the 1970's. We worried about not developing the "appropriate critical mass of faculty." Since 1972 it has become clear that we have as much mass as we can expect for a long time. The critical problem is to prevent the mass from disintegrating.

2. We discovered that "apparent allies are not always one's functional friends when decisions are made." Like most inventors of the wheel, we drew bold conclusions from our insight. The most ludicrous was to cast doubts on the competence of faculty in such disciplines as psychiatry and community medicine to teach material drawn from our subjects. However therapeutic this strategy may be, it provokes invitations to return whence we came. Physician-baiting, the all-purpose remedy of non-M.D.s in academic health centers, is equally silly. My best advice in 1974 is that sentimental ideas of friendship and collegiality should never interfere with the normal belligerent relations among groups of academic men and women.

3. "Our humanist colleagues" in the College of Arts and Sciences were castigated for being mortal: for jealousy, agitation about rate-breaking leading to mandated speed-ups, and for territorial protectiveness. We deserved praise for our intent, though not our insight, in telling the Institute in 1972 that we hoped to reason with these colleagues. Internal professional relations have improved in two years. But like most collegial relationships, ours have been enhanced by mutual ignorance, selective collaboration, and eternal vigilance in the defense of existing prerequisites.

4. Finally, we warned against seduction by self-images as missionaries or martyrs. Although we remain expert at explaining failure as the result of inexorable forces or evil others, we are not very attractive victims. More important, we have not found many creative formulas for using "rigor and high expectations" to counter the perception that the humanities are a "euphemism for cognitive fluff, morally soft sentimentalism, or epistemic bromides paraded as wisdom." Too often our pride

> causes us to play elaborate games of chicken with students, particularly medical students, and colleagues in other disciplines. Matching rigidities demonstrates courage, but it is not cost-effective. We risk another seduction: into the general lifestyle reserved for those who are adept at describing problems and then proving that nothing can be done about them.

Stony Brook has had advantages denied to most other institutions trying to create humanities programs in medical and health-professional education. We had a brilliant and inspiring Vice President; a founding chairman of stature and compassion; early infusions of soft and hard dollars; proximity to a growing University Center and an exciting metropolitan area; and, perhaps most important, access to a diverse group of students. With these advantages, we could have done more and improved on what we have accomplished. It is unlikely that a similar combination of favorable conditions will be available to other institutions.

Yet some of us, perversely, lament our condition. The Vice President may have been too dominant, the Chairman too much in demand, the money too accessible, the fragility of relationships with arts and sciences too distracting, New York City an impediment to the creation of a manageable academic community, a diverse student body too difficult for a small faculty group to teach without diseaster....

Perhaps the best advice to other institutions developing "human values programs" is contained in the claim of Thucydides: "It will be enough for me, however, if these words of mine are judged useful by those who want to understand...the events which happened in the past and which, human nature being what it is, at some time or other and in much the same ways, will be repeated in the future." Lest I be accused of egoism as well as pedantry, I hasten to invert the great historian's next sentence: this piece of writing was produced for an immediate public, not done to last forever.

DUKE UNIVERSITY
School of Medicine

Prepared by
Marjorie A. Boeck, Ph.D.
Department of Community
Health Sciences

Serious attempts are being made to incorporate human values studies into the Duke Medical School curriculum. All students are currently given some exposure to these topics during their first year of study. The ultimate goal is to provide an elective program of interdisciplinary courses coupled with opportunities for directed experience in the area of ethical-legal-medical issues.

Institutional Resources

Duke University has a favorable climate for the development of a series of interdisciplinary course offerings. Not only are the Divinity, Law, and Medical Schools in close proximity, but there are a number of theologians, historians, psychologists, and lawyers who have carefully studied the medical care system and the issues which confront it from a perspective other than that of a physician. In addition, there is a tradition of student participation in joint-degree programs such as the M.D./J.D. and the M.D./Ph.D. in medical history. The Duke Medical School curriculum has the flexibility to incorporate such course offerings, since the third and fourth years are made up entirely of electives. The only stipulation is that half of the electives be in basic sciences and the other half in clinical sciences.

Year I Core Requirements

Students in the first year of the core curriculum are presented with material related to values concerns during two courses. During the Human Behavior core course coordinated by the Department of Psychiatry, all students spend approximately six hours per week in small groups of eight of fewer students. Each group is totally autonomous in its functioning, but most groups incorporate such topics as euthanasia, death, and behavior control in their discussion. This course also provides the first exposure to patient interviewing. The core course in Community Health Sciences, as a part of its lecture series, devotes several class sessions to medical ethics. The lectures, given by a member of the Divinity School faculty, include several case studies as illustrations.

Elective: "Medical-Legal-Ethical Issues"

An interdisciplinary seminar in "Medical-Legal-Ethical Issues" is offered with participation of faculty and resource people from the Medical, Law, and Divinity Schools. The seminar is composed of equal numbers of students from the three schools. In the fall, a series of four introductory sessions are held, concluding with arrangement of interdisiplinary teams and selection of topics for research and presentation. Student teams meet during the winter and consult at intervals with faculty. All seminar participants then reassemble in the spring for a series of weekly meetings to present and discuss the topics researched.

Elective: "Philosophical Problems for Physicians"

A course entitled "Philosophical Problems for Physicians" is offered as a clinical elective through the Department of Community Health Sciences. The seminar sessions are held evenings for eight weeks. Enrollment is limited to facilitate small group discussion. The following description of the course content is distributed to the students:

> "This seminar is meant to bring the resources of literature, poetry, philosophy, theology, and sociology to bear upon specific ethical and philosophic problems with which the practicing physician deals. Each student will be asked to lead at least one seminar; and at least half of the specific subjects will be chosen by the students. Where appropriate and desirable, selected outside visitors will be invited to contribute to the discussion. The following subjects will be among those offered for consideration: 1) death and dying from the patient's and physician's point of view, 2) the problem of pain and the confrontation with horror; 3) positive and negative euthanasia - societal and legal barriers to change; 4) abortion, eugenics and transplantation - ethical implications; 5) informed consent, the golden rule, and the history of auto-experimentation; 6) the ethics of the double-blind controlled therapeutic trial; 7) the idea of a profession; 8) the concept of the quality of indifference as a characteristic of the health care worker; 9) anxiety and the plight of the individual in a technocratic society. Suggested reading lists for each student will be provided."

All students who take this elective have finished at least one year of clinical rotations. They have had opportunities to observe or confront many of the issues to be discussed. The majority of students are seniors taking additional clinical work, and able to relate the issues presented to their current patient contacts.

Other Electives

The Departments of Community Health Sciences and Psychiatry offer several other elective courses which relate to human values in medicine. There are two courses, for example, which deal with the development of ideas in medicine from an historical perspective. Another course offering is concerned with medicine as a profession and the types of people who practice it. There are also courses in the philosophy of science and of behavioral science, and in the social and cultural aspects of illness. A new elective course, "Bioethics", also to be offered through the Department of Community Health Sciences, is currently in the planning stages. This reading, lecture, and discussion course will be taught by a faculty member holding a joint appointment in the Medical and Divinity Schools.

Patient-Care Conferences

The weekly "patient-care" conference at Duke Hospital is another means by which health care workers are able to confront and discuss the ethical and philosophical problems which they face daily on the wards. Each week a different ward is responsible for presenting a patient who is selected because of the issues he or she raises that are not directly related to treatment of systemic disease. The patient's disease, treatment, prognosis, social and physical history, and current social and economic situation are discussed. The focus, however, is placed on such problems as dealing with the dying, the management of chronic severe pain, problems of non-compliance, and maintaining both the physician's and patient's morale throughout chronic, debilitating disease. After 30-45 minutes of discussion by the group, the patient is interviewed. Senior faculty from the departments of medicine and psychiatry are always present as well as house staff, medical students, and members of the chaplaincy, dietetic and nursing services.

Rationale for Future Planning

It is widely contended that the physician has been poorly trained to cope with the health-related ethical problems (from organ transplantation and the definition of death to eugenics) that have been forced upon him. It is generally agreed that a series of lectures is not sufficient to effect behavioral change. A seminar approach which involves reading in depth, reflection, and discussion may be a better way to deal with topics for which there are no "correct" answers. This approach hopefully will provide students with sufficient time and direction to do some serious thinking about some of the major ethical issues in medicine.

UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL
School of Medicine

Prepared by
Merrel D. Flair, Ph.D.
Office of Medical Studies

Disclaimer

While there is no designated "program in human values" at the School of Medicine, there are several activities incorporated into the curriculum (both official and unofficial) which are worthy of mention.

Generalized Current Status Statement

An ad hoc committee appointed by Dean Christopher Fordham is giving focus to the Faculty and student efforts. Past and current activities receive fiscal support through typical budgetary sources, none of which specifies human values.

This report reiterates some of the activities of the medical school and outlines specific plans for the future. Probably UNC is best described as being beyond the "hoping and dreaming" stage and not yet in the "formal program" stage. Many good things are happening because there is a critical mass of concerned people who are conscious of human values in their daily teaching. The challenge is to support and enlarge upon these positive efforts without so organizing the ideas that they wither and die!

Some Examples within the Official Curriculum

1. Year one of the medical students' program includes the course "Medicine and Society." Videotaped interviews with simulated and real patients are critiqued in regard to the student in his role as "physician." The critique (by the student-physician himself, by his peers, and by the faculty) is focused upon expressed sensitivity to human values as well as upon techniques of interviewing.

2. During year two, students learn techniques of physical diagnosis. Preceptors are encouraged to assist the student in developing sensitivity to human-value discussions in the process of gathering history, physical, and laboratory data.

3. In the organ systems courses in year two, course committees are asked to include awareness of human values as well as basic science and clinical knowledge.

4. Dr. Ruel Tyson, a faculty member from the Department of Religion in the College of Arts and Sciences, is a member of the Electives Committee of the Medical School. Students have a full year of electives, and Dr. Tyson advises students of offerings throughout the campus which might meet their interests in the study of human values. In addition, Dr. Tyson offers elective courses of special interest to medical student - "Dying, Death, and Grief in American Society" and "Ethics and the Doctor - Patient Relationship."

Some Examples Outside the Official Curriculum

1. The Whitehead Society (official name of the medical school student body) recently sponsored a 6-hour symposium on death and dying, and also sponsored a series on human sexuality. Cooperation from several faculty members and the Office of Medical Studies was obtained by the students.

2. During the summers an opportunity has been provided for educationally disadvantaged students who wish an educational experience at the medical school prior to official matriculation. A new feature of the 1974 eight-week experience will be a focus on the process of professionalization, or "coping" in the medical school environment.

   An informal group of faculty and staff both within and without the School of Medicine meet monthly for a presentation and discussion of topics specifically related to human values in the medical sphere.

Additional Experiences Which Have Provided Focus

1. In September 1973, Dr. Lorraine Hunt from the Institute on Human Values in Medicine consulted with the School of Medicine at the request of Dean Fordham. Twenty-two members of the faculty and staff and the president of the student body met with Dr. Hunt to discuss ways in which we could further our efforts.

2. Dr. Larry Churchill received a six-month Fellowship in Human Values and Medicine for post-doctoral study at the North Carolina Memorial Hospital and the UNC School of Medicine. His experience and insights provide an unique opportunity for identification of our local needs and the degree to which they are being met.

Hoped-for Next Steps

1. Growing out of Dr. Churchill's experience, Dean Fordham appointed an ad hoc committee to advise him on subsequent efforts of the medical school in regard to teaching human values. The committee has recommended that Dr. Churchill continue his study through the remainder of the fiscal year. This recommendation was accepted, funds were provided, and Dr. Churchill has agreed to continue his work through June, 1974.

2. In addition, the above-mentioned ad hoc committee has recommended that a full-time faculty position be established to focus the school's efforts in the teaching of human values. This is currently under advisement by the Dean, including consultation with appropriate departments within the College of Arts and Sciences.

3. In the Fall of 1974 it is planned to arrange a 2 to 4 day consultation on our programs with advice and assistance from the Institute on Human Values in Medicine.

Summary

The "program in human values" at UNC-Chapel Hill School of Medicine, while not formally organized, is present. There is general consensus that the most effective efforts are likely to be those which deal with value dimensions in the context of the routines of a physician's practice. True, the big issues of euthanasia, transplantation, abortion, etc. are critical ones. But, if the physician's sensitivity to human values is to be affected during his educational program, it should be a part of his daily activity. Such efforts probably need to be punctuated by an occasional seminar on a specific major issue.

Plans are underway which will provide leadership and focus to the significant number of faculty who are already motivated. It is hoped to move from the formal and informal efforts currently underway to a vital program capitalizing upon the many resources of the campus.

THE PENNSYLVANIA STATE UNIVERSITY
The Milton S. Hershey Medical Center
College of Medicine

Prepared by
E. A. Vastyan, Associate Professor
and Chairman
Department of Humanities

I. Introduction

The Department of Humanities at the College of Medicine, The Milton S. Hershey Medical Center of The Pennsylvania State University, was established at the founding of the College and operative when the first students arrived in 1967. Through strong administrative, budgetary, and educational support, the College of Medicine made an explicit and major commitment to the exploration of the humanistic aspects of medicine. The department now represents five disciplines: the history of science and medicine, literature, philosophy and ethics, political science and law, and religious studies. In addition to six faculty members, two curriculum research assistants are also members of the academic staff.

II. Development

The idea of such a program, the courage to press forward with it, and staunch administrative support during its fledgling years belong to George T. Harrell, M.D., Hershey's founding dean. He began to write about the need for such an innovation in medical education shortly after his appointment in 1964, and appointed E. A. Vastyan as the first faculty member in 1967, before the school's first students had arrived. A firm financial and moral commitment was made, and the department was granted parity with other academic departments in curriculum development, academic role, and participation in the building of a new school.

The operating hypothesis has been that actual on-site availability and presence of humanistic disciplines--within the medical curriculum itself--was requisite if the humanities were to have more than peripheral effect on medical education. Since education takes place in a complex, highly-charged and highly-affective social community of work and learning, humanities was thrust into the social system of medical education. Faculty from the department shared in the recruitment of science and clinical faculty members; shared fully in the student admissions process, curriculum planning, library development, and the many tasks and committees of the college.

In 1971, the National Endowment for the Humanities awarded a $258,000 four-year development grant to the department, providing resources to increase the number of faculty members to five. Curriculum research assistants were provided as well, to help in the task of exploring and creating ways to relate humanities integrally to medical education. A sixth faculty appointment was made possible in 1973 by Harry Prystowsky, M.D., Provost and Dean, who succeeded Dr. Harrell upon his retirement--marking a continuity of strong administrative support.

III. Rationale and Objectives

Humanities warrants its place in medical education as an academic discipline (or, more correctly, as a composite of several individual disciplines). Within medical education, humanities must relate--both conceptually and practically--to the medical disciplines, and to the problems addressed within the medical context. Insights and concepts of one discipline are brought to bear on those of another discipline. The aim is the development of new insights, new knowledge, new understanding. And the objective is education for professional responsibility: to provide a superior education for physicians who are competent, concerned for people as human beings, appreciative of sound research, capable of and committed to patterns of continuing inquiry and self-education.

As a professional who must deal with the practical as well as the theoretical problems of people, the physician is by nature a humanist. He seeks understanding of man as a whole, understanding from many perspectives. Diagnosis, medical care, and clinical judgment function in a cultural context that embraces the complexity of man's world, his values, and his historical legacy. Many non-medical disciplines have studied man for ages, and know him with some intimacy--his belief systems, his values, his languages, his thought patterns, his life styles. Our primary objective is to help educate physicians who see medical practice in a context that is comprehensive--that emphasizes and enlightens, rather than avoids, the rich complexities of man, his society, and his heritage.

Such a rationale has involved us in outlining several departmental goals, among which three are primary:

1. To develop a scholarly interdisciplinary discipline, which deals with the overlap of humanistic studies and the life sciences, and to do so with intellectual rigor.

2. To clarify and refine possibilities for the effective engagement of these humanistic disciplines within medical education generally.

3. To continue to explore problems and issues of importance for such an engagement, and for public policy; and to develop paths for involving humanistic studies in such tasks and problems.

Among the teaching objectives which all disciplines within the department share are four:

1. To teach humanistic studies in ways which will help students understand and assimilate certain aspects of man's rich heritage within his professional commitments and practice; and to employ such learning in the realm of contemporary ideas, events, questions, and problems.

2. To help the student see how values, attitudes, commitments, and choices are data for both the learning experience and his own style of life and professional practice.

3. To encourage open-mindedness, tolerance and understanding of differing ideas, values, attitudes and persons; i.e., to encourage the breakdown of dogmatism.

4. To encourage reflectiveness in areas of personal, social, and professional judgment and behavior; and to help students think with clarity and rigor.

IV. Methods of Teaching

In the beginning it was thought that the best engagement would be within regular basic science and medical courses, bringing to bear at fruitful points, for example, matters of history or philosophy. But it was quickly discovered that brief encounters were not enough, particularly when a common vocabulary could not even be presupposed. Consequently a much more systematic and thorough pursuit of relevant issues was seen to be needed--and courses were carefully developed to establish a foundation for continuing encounters on the hospital floors, in clinical rounds, and in interdepartmental teaching.

Our major thrust has been the offering of discrete Humanities courses, on a selective option: students must complete two courses under the department, but are free to choose among the variety presented. Several of these are interdisciplinary, and all are closely related to the problems, vocabulary, and concerns of medicine. One course being offered for the first time in 1974 will be inter-collegiate, with the joint participation of students and faculty from the Dickinson College of Law in a seminar on "Medical-Legal Practice." Course descriptions for two years, 1972-74, are appended.*

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*See pages 125-128

Most teaching is done in small seminar situations during block time that is designated Humanities in the schedules of both first- and second-year students. Classes range from 12-20 students, and additional sections of the class are arranged, if necessary, to keep size down. Some courses are interdepartmental: Philosophy and Freud with Behavioral Science, Vox Femina with the Division of Reproductive Biology; a core course, Human Ecology, is jointly taught with Behavioral Science and Family and Community Medicine. Faculty from this department also teach in regular offerings by other courses: Human Genetics, Human Sexuality, Health Care System. Participation in clinical case conferences, teaching rounds, and Grand Rounds is also encouraged.

Many of the courses have become high-demand fare, and are filled whenever offered. An increasing number of students are electing courses beyond the two-course requirement: 25% of the 1973 graduating class had done so, and 25% of the 1974 class will have done so.

Much effort has gone into the production of teaching materials. Medical literature has been culled for use in courses in ethics, law, history; audio-visual materials, carefully selected, are widely used in several courses. For potential use in other medical school situations, some of these materials will be published in the near future: a selective and annotated bibliography for medicine and ethics; a text on medicine and law; an extensive annotated bibliography of literature relevant to the medical context; and a source book for death education.

Vitally important to the department, as well as to individual faculty members, is constant encouragement to continue research in their separate fields. Dr. Trautmann, for example, is engaged in a five-year project as assistant editor of the letters of Virginia Woolf; Dr. Pierce, who is completing a book on medicine and law, is deeply engaged in research on evaluation through time-use accounting.

V. Impact, Problems and Potentials

The experiment at Hershey has, we believe, demonstrated that humanistic studies can have a vital role in medical education, despite the lack of any effective way to evaluate the impact on graduates of the school, or the process of medical education itself. Student response--measured by course evaluations, but also by such things as the number of students who turn to our faculty for counselling--has been that of increasing esteem.

Besides the competition for curriculum time and funds, our faculty would agree with several points made by Banks and Vastyan in their paper for the Second Session of the Institute on Human Values in Medicine (April, 1972 - Williamsburg). 1) That to contribute effectively to medical education, the teaching of humanistic studies must be marked by conceptual rigor and continuity. 2) Both concentration and clarity are required. Rather than purveying large amounts of information, these disciplines should strive for careful and concentrated presentation of concepts, models, methods, and affective experiences. The temptation to try to do something about every problem, challenge, and demand should be shunned. 3) Any effective teaching of humanistic perspectives to medical students must be centered around the events, problems, and practices of health care. 4) The introduction of non-medical perspectives into a medical context is not a self-validating experience; it requires steady and persistent exploration, demonstration, and presence.

Appointment of effective faculty is the first priority; we place teaching ability as our chief criterion. Besides being enthusiastic teachers, those who would teach in a medical context must also be ready for a teaching context that is far different either from undergraduate or graduate teaching within a humanistic discipline. There are few colleagues around for daily nurture and shoptalk; prerequisite preparation cannot be presupposed; there is little opportunity to teach what are the advanced courses in any discipline, and faculty must find that kind of intellectual excitement elsewhere. Within medical education, however, there are other kinds of challenge for teachers and scholars: on one hand, the teacher is charged to interpret and develop a traditional discipline in vital new ways; and the scholar finds himself immersed in new data, new puzzles, new problems in which to develop the frontiers of his discipline.

Faculty within the department are:

K. Danner Clouser, Associate Professor, Philosophy

Martin Pernick, Instructor, History

John M. Pierce, Assistant Professor, Political Science/
Public Administration and Law

Carol Pollard, Curriculum Research Assistant

Joanne Trautmann, Associate Professor, Literature

E. A. Vastyan, Associate Professor and Chairman,
Religious Studies

Arthur Zucker, Instructor, Philosophy

COURSE OFFERINGS: 1972-73, 1973-74

Rather than any required common program of study in Humanities, students will be allowed to choose, among all departmental courses, two as a minimum requirement. Courses usually meet three hours per week, generally in seminar fashion. Students may elect Humanities options at any time during their four years, but one of the courses must be completed by the end of the second year.

Individual study and research may be pursued, with the approval of the department, at any time to fulfill one course requirement. Students generally will be expected to complete one scheduled course beforehand.

Fall Term

The Body Electric. A course devoted to the artistic, as compared with the scientific, apprehension of the human body. The artists to be studied are chiefly literary but also visual and musical: D. H. Lawrence, Walt Whitman, Michelangelo, Richard Wagner, Andre Gide, Aldous Huxley, Sylvia Plath, John Donne, Allen Ginsberg, and others. "I sing the body electric"--Walt Whitman.

Infectious Disease: An American Social History. Devastating epidemics of yellow fever and cholera, and the constant threat of tuberculosis and diarrhea, made infectious disease the major medical problem in America until a few decades ago. Contagious diseases deeply affected every aspect of life throughout American history. In addition, living conditions, economics, race, and culture directly affected the epidemiology of such diseases. Specific historical outbreaks to be studied will include influenza, V.D., tuberculosis, malaria, cholera, yellow fever, and others.

Medicine and Ethics. This course will be conducted by discussion. It will raise in sequence such issues as abortion, euthanasia, human experimentation, genetic engineering, allocation of limited life-saving therapy, value imposition, etc. Generally we are forced to consider explicitly each concept, such as "rights," "justice," "sanctity of life," "natural law," "fact vs. value," "human nature," "rationality."

Medicine and Law. The case study method is used predominantly in this seminar. Six basic substantive areas of law are covered, with cases being used to illustrate the interface between law and medical practice. Emphasis is placed on general principles of law and public policy considerations. Rules applicable to malpractice, informed consent, privacy, licensing, etc. are covered in developing the medical-legal interface.

Winter Term

Dying, Death and Grief. Aspects of clinical care for dying patients are examined through an intensive seminar exploring literature, current medical literature, and patient presentations. Analysis of the literature proceeds from a consideration of fiction, biography, and essays concerned with death and dying, to clinical and research material dealing with the care of the terminally ill patient and the management of acute grief. Clinical conferences and interviews with seriously ill and dying patients will be held, and students will present interview reports on their own patient encounters for analysis in the seminar. Topics include: the person who lives and dies; the experience of dying; loss, limitation, and life; needs of the dying patient; treatment and care; dying and the hospital setting; interviewing the critically ill patient; symptomatology and management of acute grief; intervention and the grieving process; cultural contexts and death.

The Doctor's Dilemma in Modern Drama. An examination of the dramatic representation of the physician and his public and private responsibilities. In pursuing this theme, the major movements of the modern theatre in America, Great Britain, and the Continent will be surveyed, and eleven plays will be discussed in depth. These include plays by Henrik Ibsen, George Bernard Shaw, Dr. Anton Chekhov, Euguene O'Neill, and several contemporary playwrights.

Philosophy and Freud. The course is an exercise in philosophical analysis with Freud's theory as the case study. The first part of the course will be spent understanding pivotal points in Freud's theory. The remainder will be devoted to the philosophical issues raised by and about the theory. The issues and method of the course are intended to be helpful in dealing with any theory of personality.

Life in Urban America 1800-1950. Jefferson described the city as a wart on the face of rural America. Today, the city is the eco-system in which the majority of us live. The intervening changes in the nature of American cities both shaped and reflected the quality and pattern of American lives.

Immigration, industry, race relations, public health, municipal services, family life, city politics, and urban-rural relations will be presented, as interrelated parts of the changing urban ecological pattern, over the period 1800-1950.

Science in the History of America. In no way meant as a comprehensive or survey course, this class will study the intertwined history of American science and society by discussing specific topics selected from among such possibilities as: race, nationality, and American science and medicine; the idea of insanity in America; disease and the growth of the American city; the claims of a professional elite in a democratic society; practical technology and the American Way of Life; government, science, and industry in peace and war; evolution, population control, and American ideas of class and race: scientific innovation and cultural imagination.

Spring Term

Professionalism. The growth and impact of professional power in American society will be studied by examining the history of the institutions and ideas which govern the interaction of professionals with society. Lawyers, educators, scientists, and other professionals outside the health field will be studied in addition to physicians, in order to see more clearly the historical evolution of professionalism and to serve as a control for generalizations about the medical profession.

Professional ethics, standards, accountability, and education; the organization and delivery of professional services; and the effect of professional power and status on society are some of the issues on which a detailed picture of the role of the trained expert in American history will be based.

Theories of Personality. A joint seminar in Behavioral Science and Humanities. The seminar will consider the Freudian, Neo-Freudian, Existential, and Behavioral positions. Readings will describe the theories and cite clinical illustrations. This material will be critically analyzed. The course will be conceptually oriented, isolating and analyzing pivotal concepts within the theories and key notions concerning the nature of theories and evidence. These would include such matters as determinism, free-will, theory-ladenness, non-falsifiability, facts vs. values, clinical vs. statistical prediction, the total vs. the segmented person. The course will be conducted by discussion.

Philosophy of Medicine. A study of some traditional concepts of the philosophy of science in an effort to relate these to the workings of medicine, for the purpose of gaining new understanding of the concepts themselves and of medicine. Sample issues and concepts: facts and theories, theory-laden observation, explanation, causality, teleology, paradigms, art vs. science, logic of discovery, confirmation, reduction, conventionalism, concepts of disease, value-ladenness.

Medicine and Law.

A Grammar of Literary Sexuality. A study of the range of heterosexual and homosexual behavior through fiction, poetry, drama, and film. In the process an attempt will be made to uncover our knowledge of and attitudes towards certain aspects of sexuality. Among the writers to be discussed are D. H. Lawrence, Joyce Carol Oates, Norman Mailer, Jean Genet, LeRoi Jones, and Violette Leduc.

Dying, Death and Grief.

Medical-Legal Practice. This is an applied seminar taught jointly with Dickinson College of Law. The first two-thirds of the course will involve presentations by teams of physicians and lawyers with major emphasis being placed on problems of proof, legal and medical evidential techniques, office interview and moot court. Seminar discussion will be built around these presentations as well as brief outside reading assignments. The last third of the course will be spent on an individual research project.

Medicine and Social Reform in America: 1830-1940. For Thomas Jefferson, the claim "all men are created equal" was as much a scientific hypothesis as a program for social reform. Changes in scientific ideas often directly affected the course of social reform in America. The central role of genetic theory in American racial policy, from Social Darwinist justifications of segregation to the 1950's scientific rationale for equality, is a case in point. Social theory has likewise subtly affected the perceptions of science.

The relationship of medicine and social reform will be studied through the history of American movements such as anti-slavery, civil rights, immigration restriction, conservation/ecology, public health, temperance/prohibition/alcohol and drug abuse, family planning, women's rights, and care of the mentally disordered. Other important movements, including public school reform and pacifism, will be presented for comparison. Contrasts with modern reforms will not be avoided, but the major thrust will be towards understanding each movement in its historical context.

Vox Femina. In response to student and faculty interest, we will attempt in this course to distinguish the woman's voice as it is heard in these roles: artist, worker, housewife, patient, politician, warrior, victim, goddess, lover, mother, daughter, sister, and maker of a more self-conscious future. The material for analysis will be taken chiefly from literature and film, but also from behavioral science, philosophy, and polemics.

A History of Genetics and Its Uses. A close examination of some of the concepts crucial to the development of genetics; e.g., gene, chromosome, blending, recombination, penetrance, and mathematical and evolutionary genetics. The history of human genetics and eugenics will also be discussed in order to get a clearer view of genetic counseling--as part of evolutionary genetics and as part of the practice of medicine.

MEDICAL UNIVERSITY OF SOUTH CAROLINA
College of Medicine

Prepared by
Albert H. Keller, Jr., B.D., S.T.M.
Department of Family Practice

The Medical University of South Carolina does not have a program of study in the field of the humanities, nor is there one on the drawing boards. Having given the bad news first, I will devote the remainder of this report to the good news.

Interest in the humanities and their place within medical education keeps troubling the waters of the Medical University in one place or another. One such dramatic stirring of the waters occurred May 7-8, 1973, when our school was visited by a team representing the Institute on Human Values in Medicine, consisting of Drs. Sam Banks, Bernard Towers, and Lorraine Hunt. The consultation was sponsored by the Dean of the College of Medicine, Dr. J.F.A. McManus, and involved meetings with the chairmen and selected faculty from every clinical and basic science department except two, along with house staff, students, and other University personnel. The consultants were encouraged by the core course for freshmen in Behavioral Science and by a scattering of electives, such as the one-quarter course entitled Ethics and Medicine; and the planners were encouraged by the tremendous stimulation given the cause of the humanities by our excellent consultants. The consultation did not result in change of the system of medical education, however, and the impact of isolated courses in the curriculum remains slight.

The primary task of the humanities in medical education, I believe, is to influence teaching units within the Medical College to reformulate their way of treating disease processes and health care in response to values which are implicitly humanistic. Real progress is made when the curriculum is changed to incorporate those aspects of the behavioral and social sciences and the humanities which foster an understanding of these values and their implications for the practice of medicine. At the Medical University of South Carolina, one Department which is making a serious attempt at such reformulation is the Department of Family Practice. A description of this Department's attempt to define certain human values and structure a curriculum by them may provide a useful case study.

I.

The Spanish philosopher Unamuno said: "Find a great idea; marry it; found a home and raise a family". The idea, called family medicine, was to prepare primary-care physicians with the knowledge, skills, and attitudes requisite to provide health care for persons in their natural units of living. The concept of patient as person involves an understanding of man as multi-dimensional being, even beyond the psychosomatic classification. Essential to the concept also is the recognition of the relational nature of man; and the carrefour of his relationships is the family unit. The family unit may be a traditional kind of family, or it may be another grouping of intimates within which patterns of recurring transactions shape the individuals' lives. Regardless of its shape, the family is the specific unit of living in which the individual becomes a person, in and by the process of becoming an inter-acting part of a society and a culture. Moreover, in the family, the society and its larger institutions are "humanized" by focusing upon the needs and contributions, the joys and sorrows, of individuals. The family model is placed therefore at the center of health care, and the individual patient's patterns of relationship are viewed as a key to his state of emotional and physical health or dis-ease.

The discipline of family medicine is still in a state of evolution. I wish to draw attention to the idea which animates it because the discipline is attempting to deal seriously with basic concepts of the nature of health and disease, of personhood and relatedness. This is the fundamental, conceptual level at which the humanities ought to address medical education! Isolated courses in the humanities, added to a curriculum which institutionalizes the general acceptance of a patho-physiological disease model, are not likely to change the orientation of the medical student toward his patients or alter his form of intervention.

Dr. Hiram B. Curry married the idea of family medicine on February 4, 1970, and proceeded to found a home. Dr. Curry was at the time Associate Professor of Neurology at the Medical University, with previous experience in general practice in rural Florida. He was aware of the public need for more physicians in primary care; and the combination of primary care needs and the family medicine idea led to the founding in 1970 of the Department of Family Practice. Today there are approximately 190 residency programs in Family Practice in the United States; the South Carolina program is not unique. Moreover, it must be emphasized that the concept of family medicine is not the exclusive possession of Family Practice departments. This value orientation can inform any specialty, particularly those which provide primary care. The following description of the behavioral science/humanities aspect of the Family Practice Program in South Carolina may therefore have relevance to other schools and departments around the country, and vice versa.

II.

What body of knowledge, skills, and attitudes should a Family Practice department aim at forming in its residents? The faculty has been unanimous in requiring competence in medical knowledge and skills in line with the type of practice intended by the resident. The faculty was unanimous as well in requiring a strong behavioral science and human values component in the educational program. The Chairman appointed a Behavioral Science Committee in August, 1972, with the task of specifying what the goals and objectives of the Department should be in this area, recommending additional faculty, organizing a curriculum, and teaching it. Previously the policy had been to offer an elective, one-month rotation through the Outpatient Division of the Department of Psychiatry, supplemented by occasional visiting speakers.

Three teachers joined the faculty of the Department of Family Practice in 1972, however, and these became the nucleus of the Committee. Joseph V. Fisher, M.D., was named chairman. Dr. Fisher had been a family practitioner for many years, and was serving as Chairman of the Committee on Mental Health of the American Academy of Family Practice. Roby M. Kerr, Ph.D. brought to the Department ten years' experience in family therapy and a recent doctorate in Child Development and Family Relations. Alan H. Johnson, Ph.D. offered training and skills in the areas of group dynamics and counseling, depth psychology, and philosophy, with a doctorate in Guidance and Psychological Services. Also on the Committee were Mrs. Louise Guy, M.S.W., and myself.

The Committee established the following goals for the behavioral science/humanities area of the Family Practice Residency Training Program.

1. The resident should exhibit an understanding of the dynamics of family life and of their effect on each family member.

2. The resident should have a working knowledge of psychodynamics and their relation to mind and body in caring for his patient. We hope this knowledge will permeate all his interpersonal relationships.

3. The resident should develop patterns of inter-professional and inter-agency collaboration and cooperation which enhance patient care.

4. The resident should have experiences and information that will enable him to function as teacher and advocate both to families and to the community at large.

5. The resident should be sensitive to the role that the patient, the family, and the community expect him to play, and to the way in which these role expectations condition the therapeutic relationship, his community responsibility, and his understanding of himself.

6. The resident should grow in consciousness of his sensations, emotions, and feelings. We expect this consciousness to contribute to his patient care and his personal satisfaction, and also to prevent disabling effects of the stresses commonly experienced in family practice.

7. The resident should clarify his own value system as it relates to the modes, means, and ends of the medical profession, relating these values and standards to the basic beliefs which have an overriding influence in his life.

III.

The Orientation Program for the new class of residents arriving July 1, 1973, presented the Behavioral Science Committee its first major opportunity to translate those goals into an educational program. The class included twelve new residents, plus two entering at the second-year level. A significant block of time during the two-month Orientation was allocated for the behavioral sciences/humanities. Our program was basically in three parts.

1. Community Orientation. Ten afternoons were devoted to familiarizing the new residents with various parts of the human services system in the Charleston area. By means of site visits, interviews, and reading/discussion, critical examination was made of relevant social service agencies, Medicare and Medicaid, and both urban and rural health clinics, as well as all mental health facilities serving the area. Residents were pressed to clarify their criteria for good health care vis-à-vis specific services set up to meet a variety of needs.

2. Interviewing Skills and Self-Awareness. Three weeks were given to this section, including fifteen four-hour sessions and two evenings. The group experience was structured so that learning might proceed along three levels: increasing understanding of oneself as an individual; increasing sensitivity to oneself in the role or roles of resident in the Family Practice Center; and increasing competence in one's personal interactions with both patients and other staff. Four techniques were utilized.

   (1) Administration of three personality inventories, with immediate feedback and interpretation.

(2) Development of theoretical models. Some practical psychiatric nomenclature was introduced, and a basic course in Transactional Analysis was taught over a three-day period. Other input included discussion of a hierarchy of basic human needs, and of a continuum of interpersonal communication fundamental to counseling technique.

(3) Basic Encounter Group.

(4) Focused exercises in interviewing skills, such as attending skills, selective listening skills and self-expression; exercises in identifying and portraying basic emotions.

3. Ethics. Ten two-hour seminars were allocated for discussion of ethical issues in family practice. Three objectives were agreed upon: to understand the nature and form of certain relevant moral issues in medicine; to clarify values bearing on these issues; and to gain greater skill in moral decision-making. The case method was extensively used, with emphasis placed on method in solving problems. Issue areas were taken up in the following sequence:

(1) Inventory of instruments: the language, styles, and criteria of ethics.

(2) The doctor-patient covenant and the meaning of 'profession.'

(3) Genetic counseling; the meaning of parenthood and family in view of future alternatives to "natural" reproduction.

(4) Attitudes and values in an "over-medicated society"; the use of psychoactive drugs in family practice.

(5) Psychotherapy: basic assumptions and the nature of the contract between doctor and patient.

(6) Care of the terminally ill: the nature of contracts with dying persons; the "right" of the patient to die; what constitutes "extraordinary means."

(7) When others must decide: parents' rights and obligations to children born with abnormalities; analysis of "quality of life"; triage.

(8) Coercive sterilization: strains on the doctor-patient contract when individual and social values conflict.

(9) Abortion.

(10) Recapitulation of the content and function of the basic ethical values relating to every issue examined, those being: the value of human life; faithfulness/responsibility to contracts; individual freedom and the common good; and justice.

The course entitled "Ethics and Medicine," which is offered each quarter as an elective to all medical students and senior nursing students, follows a plan similar to the above outline. One mentionable change is that the evaluation of systems of medical care, which the residents had done in the Community Orientation section is placed at the beginning of the elective course under the title "The Institution of Medicine."

The Orientation Program conducted by the Behavioral Science/Humanities faculty was carefully evaluated, where applicable by the use of pre- and post- testing. The residents indicated overwhelming appreciation for the program from both professional and personal points of view--a result which surprised everyone at least a little, because of the novel use of "soft" material with doctors who had excelled in "hard" medical schools. The residents rated as most beneficial of all the orientation activities the section on Interviewing Skills and Self-Awareness, conducted by Drs. Johnson and Kerr. Moreover, objective testing indicated significant change in knowledge, skills, and attitudes in line with faculty objectives.

IV.

A program of formal teaching in the Behavioral Sciences/Humanities was launched in September for the academic year 1973-74. Every resident at all three levels is engaged for 54+ classroom hours, consisting mainly of noon hours on Tuesdays and Wednesdays. Additional time is scheduled informally for specified counseling and for a discussion group, as described below. I will describe those curricular units in which there is significant input from the humanities, or in which a human values approach to other disciplines is consciously assumed.

1. Family Life and Family Medicine. 12 hours, Second Year.

    This is the key course for developing the knowledge, skills, and attitudes which characterize family medicine. The knowledge objective is to increase the resident's understanding of the family unit as the basic social institution influencing people's lives, and of the role of family dynamics in health and illness. Attention is given in two didactic sessions to the family as social institution, family types, and family dynamics (role assignment, scape-goating, homeostasis, etc.)

    The skills objective is to develop improved techniques for family history-taking, and practical models for use in family description and diagnosis. To implement this objective, each resident is given one class hour to present one of his families to the group (i.e., one of the approximately 50 families assigned to him for comprehensive medical care for this period of his residency). The group discusses the family in order to grasp its dynamics and to plan for its care.

2. Human Sexuality. 14 hours, all three classes.

A course dealing specifically with sex and sexual problems was not in the Committee's original plan, which was rather to organize this material around other, more general categories such as family dynamics and communication. This course was designed because the residents requested it.

The first seven sessions move basically in the affective domain. The objective of these sessions is to allow the residents meaningful exposure to a range of sexual behavior into which their own experiences and those of their patients fall, so that they may be knowledgeable, at ease, and non-judgmental in their approach to patients. This section of the course is presented by Dr. David Marcotte of the Department of Psychiatry. Extensive use is made of audio-visual material. Spouses are invited to attend these sessions, and several are held in the evening for their convenience. The seven sessions cover the following themes:

(1) Cross-cultural and historical notions of human sexuality

(2) Heterosexuality

(3) Self-awareness exercises--experiencing one's own body

(4) Masturbation

(5) Homosexuality

(6) Pornography, sex, and the law

(7) How to take a good sexual history--programmed video interview of a doctor and a sexually dysfunctional patient.

The seven sessions which complete the course provide the cognitive tools for dealing therapeutically with common sexual problems which arise at various points across the life-span and which are typically presented to the family doctor.

(8) Pre-marital examination and counseling: what it is, how to do it.

(9) Disparity of sexual drive in husband and wife: examples from practice.

(10) The woman with pain associated with sexual functioning.

(11) The "incomplete" female: non-orgasmic female, meaning of "defeminizing" surgery, infertility.

(12) The "inadequate" male: premature ejaculation and impotence.

(13) The promiscuous adolescent: why, how, who, and what.

(14) The "New Morality" scene: how value orientations function in the doctor-patient relationship.

3. Doctor-Patient Interaction Conference. 12 hours, Second-Year and Third-Year classes separately.

Every resident is responsible for having videotaped a counseling session with one of his or her regular patients in the Family Practice Clinic. In the group, the resident gives the patient's history and presents the tape, which is analyzed from the point of view of the quality of the interaction between doctor and patient. Standards of measurement are made clear and counseling technique is scrutinized. On-going attention to the case after the original presentation places the event in a continuous process of care, and assures the resident of group and faculty support in his or her counseling role.

4. Human Behavior in Literature. Voluntary, all residents and spouses.

This unit evolved quickly from a seminar format to that of a relaxed, informal discussion group following a pot-luck supper, with all resident families invited. We meet every third Friday night in the Residents Lounge. Each participant may select a work of literature or a film, the only criterion being that it presents in an affectively provocative manner man's quest for understanding and meaning in life. A sample of works selected includes two short stories by Flannery O'Connor, A Happy Death by Albert Camus, The Death of Ivan Illych by Tolstoy, The Harrad Experiment by Robert Rimmer, One Day in the Life of Ivan Denisovich by Alexander Solzhenitsyn, and a selection of Hasidic literature.

5. Professional Orientation and Team Approach. 14 hours, Third Year (including 3 hours with Second Year).

The first objective of this course is to set forth the shape of the physician's responsibility in regard to professional codes, licensing and society membership, continuing education and specialty certification, medico-legal situations, financial opportunities and requirements, and office and business practices. Resource persons from the medical, legal, and business communities in Charleston are utilized to provide information.

The second objective of the course is to help the resident develop team relational skills. Behind this objective are two assumptions: that good patient care today requires professional collaboration, and that people ought to be sensitive to what they are doing to each other as human beings within social systems such as doctor's offices and hospitals. To implement this objective, simulation exercises are designed which involve the resident with office staff and other professionals in the management of a particular case, which is structured so as to require collaboration. The resident must arrange a team meeting with all persons involved in the case. The Family Practice Center provides a natural and even impelling arena for the team approach exercises. Both the Colleges of Pharmacy and Nursing rotate their students through the Center as a regular part of their curricula and have faculty attached to the Center; the Medex or Physicians Assistant program is related to the Department of Family Practice, sharing faculty and facilities; and the departmental faculty already includes an epidemiologist, a social worker, a computer specialist, and a business administrator.

6. Drug Information and Substance Abuse. 14 hours, all three classes.

This course is taught by Dr. Fisher and Dr. Kim Keeley, a Psychiatrist, and draws liberally from the research they are currently doing with a grant from the South Carolina Commission on Alcoholism, a project entitled "Alcohol Problems: Early Detection, Attitude Change, Referral, and Treatment in a Family Practice Center."

7. Appraisal of Self: Personal. 16 hours, Second and Third Years.

Each resident is assigned to one of five Behavioral Science faculty members for both his second and his third years, a different assignment each year. They meet together for one hour twice a week for a two-month period (coinciding with a relatively light rotation). In a respectful, non-judgmental, and confidential environment, the resident may examine how he or she as a person feels about a wide range of matters involving motivations, goals, satisfactions, conflicts, or problems in his or her personal or professional life. The purpose of the Self-Appraisal is to reinforce the personal foundations which enable the doctor to relate more appropriately with his patients, to keep functioning in high stress periods, and to live an emotionally stable and happy life. This time of personal reflection and counseling is used differently by different residents. Some have included their spouses in the experience.

8. *Appraisal of Self*: *Professional*. c. 10 hours, all three years.

Each year, the resident is assigned to a different M.D. faculty member in the Department. The two meet together at least one hour per month. This interview is intended to help the resident formulate his career goals and evaluate his academic progress. Valuable feedback on the program is also gained by the faculty--a process which occasionally results in constructive change. Moreover, it is hoped that the practice of seeking counsel and support during stressful periods will become habit and carry over into the resident's later life.

V.

In conclusion, the Behavioral Science/Humanities curriculum in the Department of Family Practice represents one attempt to incorporate certain basic values belonging to *humanitas* in a medical educational program. These human values ought to inform both the ends and the means of medical education. A first step toward this radical and, I believe, realizable goal is to institutionalize the specific values in the social system--i.e., incorporate behavioral science/humanities courses in the resident education program, not peripherally but integrally. (The second step, I believe, would be to achieve a meaningful *integration* of these units designated Behavioral Science/Humanities with the traditionally "medical" side of the program, guaranteeing change of the technological medical model. The third step would likely be in the area of research and innovation.)

The Charleston program is taking the first step. The practical monopoly on the Summer Orientation program given to the Behavioral Sciences/Humanities appears to have been a significant intervention into the system. The format for giving the regular courses--which is to use noon conferences two days a week--is much less satisfactory. Residents are very busy people, and those on certain rotations find it impossible to come to the Family Practice Center at noon. The faculty has agreed on a major change, therefore, as of September, 1974. *The Behavioral Science/Humanities unit will become a regular, one-month rotation for every resident during his or her second and third years*. It is anticipated that this change will increase the "legitimacy" of this unit, placing it on a par with the clinical rotations, and also that certain practical values will accrue. The rotation will free the resident from the competition of hospital duties and allow for a more concentrated, coherent study of the subject matter. The mechanics of teaching the unit have not been worked out. The unit will probably be offered four months of the year, to accommodate the two classes.

I have set out to describe the idea, the marriage, and the founding of a home. What kind of family we raise remains to be seen!

Postscript. The author does not wish to leave the implication that he had the major part in either designing or implementing the program described above. While it is all a team effort, most of the weight has been carried by Drs. Fisher, Johnson, and Kerr. Dr. Fisher is presently preparing a more complete description of the Behavioral Science program in Charleston in the context of the role of the Behavioral Sciences in Family Practice residency programs as a national movement. My own bias has been consciously toward the aspect of teaching human values.

MEHARRY MEDICAL COLLEGE
School of Medicine

Prepared by
Walter Vesper, M. Div.
Coordinator, Program in Human
Values and Biomedical Ethics

Title of Program

Pending formal approval by the Dean's Office, the working title is Program in Human Values and Biomedical Ethics, Meharry Medical College, 1005 18th Avenue North, Nashville, Tennessee 37208.

Coordinator

Walter Vesper, M. Div., Coordinator of the Program and Assistant Professor, Department of Family and Community Health.

Administrative Structure

The Program is in the beginning stages of organization at Meharry Medical College. It is located in the Department of Family and Community Health, although a relationship exists with the college-wide Community Health Science Subcommittee of the Curriculum Committee of the School of Medicine. Though informally operated to this point, recognition as an institutional program might be expected in the near future.

Funding

Current funding is largely support for Mr. Vesper as an Assistant Professor in Health Education and Biomedical Ethics within the Department of Family and Community Health. Additional support for a work-study student in ethics and part of a teaching assistant's time in black medical history come from departmental funds. Funding requests for a project in black medical history and a planning grant to establish a full-scale program in human values and biomedical ethics are being prepared.

History of the Program

Meharry Medical College has long been consciously preparing students to fill future leadership roles within the black community. When school-wide goals were produced in the late 1960s, they were stated in terms of commitments to specific ethical principles:

1. Meharry must maintain empathy for the disadvantaged of all origins within a system that does not compromise standards of quality medical education.

2. Always primary will be the objective to develop and maintain a center of excellence to educate students in such a manner as to prepare them with a sound and continuing basis for the practice of the medical sciences.

3. Meharry will continue its established partnership between college and community in programs of health care, education and research.

Similarly, when the Department of Family and Community Health developed formal goals, the first two (in order of priority) emphasized critical questioning of guild assumptions and other cultural assumptions. These goals were:

1. To promote a "social conscience," or awareness of social medicine problems, among all of our students through emphasis upon social values and ethics in relating professional practice to the community. Specifically, this goal further concerns the development of student respect for change, respect for the health care consumer, and a willingness to question the structure and philosophy of established health care organizations and practices.

2. To maintain effective communications with the community in order to meet requests for relevant service and health education; and to provide leadership in facilitating the functional services provided by other units of the College.

In addition to these consciously formulated goals of the College and of the Department of Family and Community Health, three other factors provided impetus for starting parts of the program. First was a lifelong interest in social problems and medical history by Leslie Falk, M.D. Second was the approaching celebration in 1976 of a century of service by Meharry Medical College. Third was Walter Vesper's interest and training in more formal medical ethics with a prejudice toward the teaching (or learning) of values in a "safe" environment.

Description of Current Program

The program's current nature divides along the lines of interest of the two principal participants: Leslie Falk's black medical history interests, and Walter Vesper's personal and social ethics bent. More faculty are being enticed to the program as it develops.

Currently the program consists of teaching in four major areas:

1. "Cameo appearances" in Medical History, Biomedical Ethics, and Health Law by Professors Falk, Vesper, and Watson (Law). Local lawyers have been involved at different times. Class time includes about six hours in the first year, eight hours in the second year, and about one class hour during the clinical clerkship rotation in the third or fourth year. All medical students participate in these lectures as a part of their core work in Family and Community Health.

2. Elective offerings include a three-week (60 class-hour) course in "Issues in Biomedical Ethics" for first- and second-year students. The six medical students involved in this case-based effort explored the issues raised in the Tuskegee study, in vitro fertilization, allocation of scarce resources, abortion, and similar cases. Students from other schools gave an interdisciplinary character to the course. A major emphasis was to force the students to make decisions as though they had responsibility for the patient in question. A similar three-week course in black medical history was offered to eight participants.

3. Informal teaching of work study students and summer apprentices has been a major part of the teaching effort to date. Two medical students and a law student spent last summer investigating medical and ethical aspects of death and end-of-life problems. One medical student has been involved in a research program surveying attitudes of medical students toward "brain death." Under the general classification of informal teaching are "rap" sessions in the cafeteria and in private homes. As part of a departmental program in health and prisons, two medical students developed a paper on the ethical problems of health care delivery to prisoners.

4. Guest Lecturers and Consultants have been an important part of the "softening-up" process in starting a new program in human values. A series of outside consultants and guest lecturers have been sponsored by the Department of Family and Community Health and the program. The emphasis has been on "real live doctors" talking about the human value issues which interest them. Support for most of the speakers came from the Institute on Human Values in Medicine. Guests have included Edmund D. Pellegrino, M.D.; Chester Burns, M.D., Ph.D.; Lorraine Hunt, Ph.D.; and Paul Cornelley, M.D.

Objectives

The specific objectives of the program have not yet been developed except in the minds of the participants. Among those goals is the establishment of a school-wide committee to formulate specific objectives in response to the felt needs of the medical school community.

Allies and Resources

The institution has been generally supportive of the direction taken by the human values component of the program. The curriculum committee of the medical school expressed interest in areas similar to the program, and developed a subcommittee on death and dying to coordinate teaching about death in the school. This group has recommended the teaching of broader ethical and human values issues in addition to the subject of death. This committee, however, has been rather moribund this year because of the involvement of the chairman in other activities, and the absence of Mr. Vesper during his tenure as an Institute Fellow. There is hope for an early resurrection.

Rationale

Although formal goals have not yet been developed, four operating assumptions have emerged:

1. An unexamined medical-ethical decision may be right, but it is seldom good.
2. A "safe" environment is often needed for students (and staff) to feel comfortable while examining important issues.
3. There are a number of disciplines which have developed tools to help examine decisions. It is good for people to know of these tools.
4. We are more interested in producing a physician willing to examine, weigh, risk, and try, than in producing a physician who accepts things as they are.

Style of Teaching

The most successful teaching methods to date have been the informal case-based discussions which force students to make decisions as "real doctors." Students who have participated in the program's seminars are often asked for input for presentations to their whole class. Their recommendations have been followed extensively.

The material from the Hastings Institute has been particularly helpful, especially its bibliographies and the cases collected by Robert Veatch. The program descriptions of the Institute on Human Values in Medicine were most helpful in the initial stages of the development.

Evaluation

Evaluation to date has been limited to the departmental evaluation process, which includes a presentation to a year-by-year curriculum committee of material to be presented to the class, as well as student evaluation of the completed learning experiences. Measurable goals are usually developed for each class or project, and are examined after the class ends as a means of evaluating the quality of the class.

Planned Changes

The two major changes anticipated in the near future are planned involvement of the program in the Family Medicine Residency Program, and an attempt to get enough funds to involve a health lawer extensively in the day-to-day operation of the program.

Potential Problems

Our main advice to humanists who want to start programs in other schools is that it is easy to try to sell a particular way of seeing the world. It is much harder to listen to the concerns of the people involved.

UNIVERSITY OF TENNESSEE
MEDICAL UNITS

Prepared by
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Coordinator of Human Values
and Ethics

Introduction

The University of Tennessee Medical Units, the eighth largest medical school in the country, is composed of the following schools: Medicine, Nursing, Pharmacy, Basic Medical Sciences and Graduate School, Dentistry, and the College of Community and Allied Health.[1] In addition, another "Unit" is the Child Development Center, an interdisciplinary service containing, among other programs, a branch of the School of Social Work from Knoxville.

In terms of our Program for Human Values and Ethics, the following features will help the reader decide what will be helpful for his or her use:

1. The Memphis metropolitan area is approaching a population of 1,000,000.
2. The Units are located in the midst of one of the largest medical complexes in the United States, including the largest private hospital in the United States, and internationally renowned St. Jude Hospital for Childhood Diseases.
3. The Units in Memphis are removed from the rest of the campus, located principally in Knoxville, Nashville, Chattanooga, and Martin, Tennessee. Thus the main center of liberal arts disciplines is over 600 miles away; cooperation with local institutions is therefore necessary.

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[1] A name change to The University of Tennessee Health Sciences Center is contemplated.

4. The Units grew up separately, often in different locations in the state, and gradually amalgamated in Memphis as a branch of the University of Tennessee system. Although the Medical Units are committed to a team approach to the delivery of medical care, different goals, loyalties, histories, scheduling, and structures of the various colleges in the Units traditionally impeded interdisciplinary educational experiences. Frequently students in one year's class do not even know students in another year within the same college.

History of the Program

The Program in Human Values and Ethics has existed only since September, 1973. A brief history of the Program follows, beginning with its initial formulation by a search committee.

Perhaps the earliest impetus for the Program came in 1970, with the voluntary formation of an "Institute of Man" under the leadership of the Rev. Robert Dempsey, O.P., of the University Interfaith Center located near the campus.

Faculty and professionals from various institutions in the city voluntarily agreed to study problems such as AID legislation, housing, genetic manipulation, and so on. A large number of faculty (about 50 persons) from the Medical Units was present. Groups or Task Forces were formed and functioned for about a year. A director was sought via a search for grant funds.

During the summer of the following year, the Institute gradually withered away and was not reconvened in the Fall. Most members were busy with other projects. However, an abiding concern was maintained, especially among the faculty at the Medical Units (hereafter abbreviated UTMU). This concern was largely reinforced by the free luncheon programs of the Interfaith Center. These luncheons provided a forum for guest speakers, and continue to draw students and faculty alike.

Although both interest and concern exists within each of the specializations of medical education at UTMU, the very specialization and the pressures of time have militated against any concerted effort to confront these issues within the educational processes themselves. Moreover, there has been no institutional effort to educate the public in this regard.

Origin and Development

Out of concern for ethical issues demonstrated on the part of faculty and students alike, UTMU initiated action in 1971 to develop a Program in Human Values and Medical Ethics. Through a decision of the Executive Committee of the Medical Units, a Steering Committee composed of representatives (students and faculty) was appointed to explore the feasibility, ways, and means of developing such a program.

I strongly recommend this approach. Its importance in terms of support for the eventual program can be seen from the composition of the various committees. The Executive Committee of UTMU is composed of the Chancellor, his staff, the Deans of each college, and the Director of the Child Development Center (which includes the school of Social Work). Thus, the approach represents important support and interdisciplinary thinking needed for such a program. Periodic reports are made to this Committee for direction and guidance.

A prime mover behind the initial development was the University Interfaith Center, with whom the Steering Committee was to work. Among those from the University on the Steering Committee were the chaplains of the Center and the Dean of Instruction of Shelby State Community College. To develop properly, the Program must continue this interinstitutional effort.

After studying existing programs in the United States and abroad for eighteen months, members of the Steering Committee made a recommendation to the Chancellor. It included these points:

1. Other programs could not be completely imitated at UTMU because of its particular problems resulting from its separation from a liberal arts faculty, and its academic lines between colleges.

2. A full-time faculty member in the Humanities should be appointed by the University to map out a program to meet the needs of UTMU, borrowing from other successful programs whenever possible.

3. The academic home for this Program should be the College of Community and Allied Health Professions. The reason for this choice was that this college is interdisciplinary (intrinsically relating to other colleges in the Units), and develops programs with other institutions in the region as well as the community at large.

After receiving this report, the Chancellor set up a Search Committee which interviewed candidates for the position. The Program officially began in September, 1973, and is only five months old at the time of this writing.

Rationale

The principal rationale of the Steering Committee, (i.e., that an interdisciplinary and inter-institutional program be created) has not been altered. Built on the excellent support and groundwork already laid before my arrival, the Program has undergone some changes and expanded its methodology.

Administrative Structure

Currently, I am a free-floating agent, cooperating with all other departments and schools in the Units. Since the Program's academic home is the College of Community and Allied Health Professions, I am directly responsible to the Dean of this College.

Options available for further development are:

1. To become a separate department;
2. To become part of an inter-disciplinary project of the behavioral sciences;
3. To become part of a "school" of inter-disciplinary programs under the direction of a Vice-Chancellor especially appointed to direct such programs.

Funding

Funding for the Program is presently being sought through grants. A budget will be submitted for approval through the State Legislature in July, 1974. At present, support for the Program comes from Shelby State Community College (which contributes half my salary), the University Interfaith Center (which contributes office space), and the College of Allied Health (which contributes half of my salary, and all the expenses of office equipment, secretarial help, and supplies).

Present Structure and Future Projectiors

Since the Program at UTMU is only five months old, I thought it would be helpful to discuss the following structure in terms of presently existing measures and projections for the coming year, i.e., July, 1974 to July, 1975.

1. Objectives:

Present: The Program will continue to cooperate with all Colleges, institutions in the area, and service organizations in its interdisciplinary aims. The latter include the following:

a. To create a humanized health-care delivery system;

b. To aid in the articulation of a new health-care consensus about human values and ethics;

c. To foster an aesthetic element in the technologized training and delivery of health-care;

d. To aid students and faculty, as well as the community at large and health-care professionals already functioning, in ascertaining their own value-systems and resolving conflict between them;

e. To function as a pilot program for other institutions in similar circumstances;

f. To train (perhaps on the doctoral level) professionals in health-care and the humanities in a mutually supportive context.

Projected: The objectives and goals of the Program will be distributed to students and faculty through a special brochure. Planning also exists for a special locus in the UTMU catalogue of courses.

2. Personnel:

Present: I am only available part-time for UTMU. The other half of my time is spent teaching courses for Shelby State Community College (see below).

Projected: Eventually I envision a total of five professors under the direction of the Coordinator. Each professor would be responsible for administrating one of the "layers" of the Program. For the coming year, I hope to obtain a full-time appointment as Coordinator, and to recruit two other professors, one in humanities or history and the other in law or theology. Eventually, humanities, history of medicine, law, theology, philosophy, and sociology should be represented in the backgrounds of the individuals hired.

3. Evaluation by Coordinating Committee:

Present: The first action of the Program was to obtain a Coordinating Committee appointed by the Chancellor. On this Committee, which offers advice and evaluation of the entire program, are faculty from each of the Colleges, the head of the library, the Vice Chancellor for Academic Affairs, the Dean of Instruction of the Community College, the Dean of the College of Allied Health, and a student representative from each of the six Colleges.

Projected: In addition to the Coordinating Committee, each layer of the Program will be evaluated by a similar committee composed of individuals whom it serves. I also hope to inaugurate student evaluations of all educational offerings.

4. Referral Service and Interviews:

Present: I have interviewed approximately 100 faculty members, administrators, students, and personnel from other institutions in the area -- in all, about 1/8 of those involved in some way with UTMU. All persons were asked to identify needs and their own interest; a record of their responses is on file.

Projected: The Program will function as a referral service for faculty, students, civic organizations, and churches in the area. Anyone wishing to request talks, personal appearances, or videotapes produced by seminars, will be able to telephone us, and we will contact resource persons who have expressed an interest in the appropriate area. I envision eventual ability to replace many public appearance by personnel (who are limited by time) with videotapes that explore issues, and/or students who have participated in various projects offered by the Program.

To this end, a survey form will be sent out to all personnel, faculty, and students of UTMU in the near future. Personal television appearances and local talks have already been recorded in some format for future use.

5. Faculty Research Institute:

Present: Not yet organized.

Projected: This interdisciplinary institute is an integral and necessary "layer" of the Program. Composed of faculty of UTMU, faculty from other institutions in the city, and professionals already functioning, it will have the following objectives:

a. To conduct team-research into issues of ethics and human values;

b. To produce, in addition to normal professional reports and papers, videotapes for use in courses, modules, and the referrals mentioned above;

c. To organize the mutual education of professionals among various educational institutions;

d. To function as the faculty, offering graduate degrees in the areas of humanities and medicine;

e. To direct groups (composed of one student each from each of the Colleges) in ethical problem-solving using cases. One faculty member would meet once a month with this group during their tenure at UTMU. Successful team-work in this project would be a requirement for graduation from UTMU.

6. Seminars:

Present: Perception of the needs of UTMU included the need for faculty and students to develop a sense of self and professionalism, as well as to encounter the dramatic human value issues of the present and future. Therefore two seminars will be offered during each school year, each dealing with one of these two areas. Seminars will be open to all students, their spouses, and all faculty; they will be offered for credit.

Projected: In July, 1974, a seminar in human sexuality and one on death and dying will be offered. The expected participants are too numerous to list here. Each seminar will be tied in with other projects on campus (e.g., death and dying with the Cancer Center Planning Group and the Department of Clinical Psychology). Others planned are in the areas of nationalized health-care, the concept of health, and biomedical engineering.

7. Courses and modules within already-existing courses in each College:

Present: Each of the courses or modules within already-existing courses involves other faculty members and is interdisciplinary. Where possible, I have striven to cooperate with an existing interdisciplinary educational experience. Some Colleges, however, have requested courses specially designed for the purposes of the Program.

a. "Man as Man": a humanities course offered to adult and student enrollees at Shelby State Community College. Elective, each year during one quarter.

b. "Man and Society": same as above.

c. "Man and the Cosmos": same as above.

d. "Legal and Moral Aspects of Health Care": An elective course for Allied Health personnel and students, and students in pre-nursing and pre-law at Shelby State Community College (including para-medical professionals at V.A. Hospital). This course is offered each quarter.

e. "Professionalism and the Value of the Individual": a seminar for Allied Health students and faculty; elective, not yet for credit; offered each quarter.

f. "Death and Dying in Contemporary Society": a seminar for students in Social Work and Allied Health, offered as an elective during one quarter only.

Projected:

a. College of Medicine: I have participated in planning a portion of the new medical curriculum which will begin in July, 1974. During the first six months, students will encounter value questions in the areas of clinical training, epidemiology, record-keeping, and interviews, and legal and moral aspects of medicine. Self-study packets, group problem-solving, and seminars will highlight the methodology.

b. College of Dentistry: "Introduction to Dentistry" will be team-taught. A required course offered once a year to all dental students.

c. College of Pharmacy: The Program will have an input in an already-existing interdisciplinary course that covers professional responsibility, value-conflicts, death and dying, and so on.

d. College of Nursing: A course will be developed for and required of all nurses, pending a meeting with department heads about its content.

e. Graduate School: A course will be designed, pending a meeting with the College's curriculum committee to identify needs.

8. Mini-Courses and Experimentation:

An opportunity exists to offer one-month courses at the Interfaith Center to ascertain student and faculty interest. If such interest becomes evident, these courses can then move into the curriculum. Projected for the Spring of 1974 are two mini-courses: "Values and the American Value-System," offered in cooperation with the Director of Educational Resources, and "Religion and Medicine," offered in cooperation with the Institute of Religion and Medicine. Another planned course, "Alternative Therapeutic Agents" (including hypnotism), failed to materialize because of lack of funds. It was to be offered in conjunction with Student Services.

9. Continuing education and obligations to the public:

Present:

a. In cooperation with the Interfaith Center, a yearly conference is planned. The first of these was held February 22-23, 1974. Its title was "Inhabited Man: A Colloquium on Cultural Definitions of Man." Included were the medical, religious, political, and anthropological definitions of man. The colloquium was open to health-care professionals, students, those engaged in pastoral ministries, and students and faculty of local institutions.

b. In cooperation with WKNO (educational TV), the newspapers, churches, and civic organizations, a ten-week series of discussion of public-policy issues is planned for broadcast on television. Newspapers will publish study questions, and videotapes will be made available for any organization that requests a viewing after the initial showing. Funding is being sought from state sources.

c. In cooperation with the Veterans Administration, funding is being sought for continuing education of Allied Health personnel from UTMU, those practicing in the region, and especially those working for the VA Hospital near the campus. One of the features of this cooperation will include the Program in Human Values and Ethics and some of our offerings.

Projected:

a. A course for credit in the newspaper;

b. Annual conferences, perhaps including the annual meeting for the Interface between Philosophy and Medicine.

10. Methodology: some of the methods in use or projected for use are team-teaching; self-study packets; group problem-solving; value-games; films and slides (particularly those of the Center for Humanities); videotapes either of programs shown on television, or of other educational experiences (including reports of the Faculty Institute); and peer-exams. The purpose of this variety is to help develop a health-care team, an attitude of cooperation among faculty and students, and a concrete witness to our conviction that no one person or point of view has a total picture of values.

Points of Difficulty

Anyone projecting a similar program at an Institution like UTMU can expect to encounter the following difficulties at least:

1. Academic Loneliness: One person in the humanities will feel severed from former intellectual companionship found in the normal settings of universities. His language and approach seem vague and hazy to even the most supportive of personnel with whom he now works. I recommend maintaining former contacts at all costs, as well as corresponding with others one meets in professional societies devoted to the area of health-care and the humanities.

2. The Comforts of Home: One is tempted to become a department of clearly established locus in an academic home simply to avoid notable gaps in communication about the program; "computer breakdown" being cited whenever interdisciplinary ideas are offered; and other academic problems with scheduling, credit, and so on.

3. Members of the Executive Committee and the Coordinating Committee have strongly urged the necessity for required courses, insuring that the Program will have a slot in the busy day of all students. One must wrestle with the questions of required vs. optional/ credit-non credit/ old curriculum vs. new efforts -- and, of course, with one's humanistic conscience about these matters.

4. Where are you and what have you been doing? One will feel, as I have, responsible to all and yet beholden to none. A program like this takes time to plan carefully. If the first experiences with the Program on the part of faculty and students are poor, the entire effort is jeopardized. However, considerable pressure can exist to produce something visible in a hurry to let people know what you have been doing.

5. It is absolutely essential for a program like this, that faculty and students feel they have had an input, and that the administration supports the program. I have been fortunate in both respects.

Allies and Resources

The following have been helpful in their support. It would be impossible to list everyone. Of course, comparable positions may not exist elsewhere, or they may be filled by different kinds of people.

1. The Chancellor (Dr. Pellegrino) and former Chancellor (Dr. Johnson).
2. The public relations department, both for internal and external communication about the program.
3. The Executive Committee (Deans of each College).
4. The Director of Educational Resources.
5. Various Associate Deans of Colleges, some of whom are on the Coordinating Committee.
6. The Vice Chancellor for Academic Affairs (on Coordinating Committee).
7. The Head Librarian (on Coordinating Committee).
8. Students on the Coordinating Committee and others.
9. Student Services Personnel and Director.
10. Personnel from the following departments have been most anxious for cooperation: Biochemistry, Pharmacology, Nuclear Medicine, Genetics, Social Work, Family Practices, Community Medicine, Physical Therapy, Ob/Gyn, Pediatrics, Psychiatric Nursing, Counseling, Clinical Psychology, Preventive Dentistry, Psychiatry, Personnel at the VA Hospital, Anatomy, Toxicology.
11. Outside sources supporting the Program have included: Dean of Instruction at Shelby State Community College; Director of Allied Health at Shelby State; Chairman of Humanities Departments at Shelby State and at Christian Brothers College; Chairman of Engineering Division at Christian Brothers College; Chief of the Red Service (Leukemia) at St. Jude Children's Research Hospital; Director of Nursing Education at St. Joseph's Hospital; and the Methodist, Catholic, and Episcopal chaplains at the Interfaith Center.

Further support is expected from:

1. The Philosophy Departments at Memphis State University and Southwestern University;
2. The Religion and Culture Department at Christian Brothers College;
3. The Institute on Religion and Medicine, which offers clinical training for ministers at local hospitals;
4. The Engineering faculty at Memphis State University and State Technical Institute.

UNIVERSITY OF TEXAS MEDICAL BRANCH
Institute for the Medical Humanities

Prepared by
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Between September, 1971 and December, 1972, several planning committees explored the ramifications of introducing humanistic studies into the curricula of health professional schools at the University of Texas Medical Branch and those in other parts of the University of Texas System. The deliberations of these committees were described in the Proceedings of the Second Session of the Institute on Human Values in Medicine.

In September of 1972, H. Tristram Engelhardt, Jr., Ph.D., M.D. joined the UTMB faculty as an Assistant Professor of the Philosophy of Medicine. Between September and December of 1972, Dr. Burns and Dr. Engelhardt reviewed the recommendations of the three planning committees and developed a program in the medical humanities that includes patterns of pre-professional and professional education. As this program evolves, these patterns will include teaching, research, and advisory components.

Pre-Professional Education

During the summer of 1973, a course in the history and philosophy of medicine was conducted for pre-medical minority students attending a ten-week workshop sponsored by UTMB. This group included 14 Mexican-American and 8 Negro students who were then enrolled in pre-medical programs at various colleges and universities in Texas. Dr. Burns met with the group for seven one-hour sessions concerning the history of medicine, and Dr. Engelhardt met with the group for seven sessions concerning problems of medical ethics.

Dr. Burns devoted one session to each of the following: diseases and history; individual physicians; ideas in medical science and practice; things in medical history; hospitals; drugs; and medical schools. He selected eleven secondary source articles from the journal literature. Two students were asked to read the same article. This meant that 22 students were prepared (theoretically) to discuss eleven articles dealing with different aspects of the topic under consideration. For example, the eleven articles under "diseases and history" dealt with measles, yellow fever, influenza, leprosy, tularemia, tarantism, hypochondriasis, emphysema, lung cancer, alcoholism, and homosexuality. Although the reading assignments and discussions were rigorous, the responses of the students were very gratifying.

At the end of those sessions, a two-part examination was given. One part had seven questions which could have been answered by every student who attended all seven sessions and had read all of the seven articles assigned to him or her. For example, the first set of questions in that examination was, "Name one disease that was discussed in our sessions. Is this disease communicable?" The second part of the test was a set of 25 multiple-choice questions that tested recall about some of the important items discussed in the course. The raw scores ranged from 47 to 87. Since the students were not told that they would be tested and since participation in the course was strictly voluntary, their grades suggest that a considerable amount of information was learned during those seven sessions.

In their written evaluations, most of the students rated this portion of the course good or excellent, and expressed appreciation for the format. One student claimed that he liked "the way the historical information was related and shared with the rest of the group so that everyone could gain from it." Another liked "the fact that we were able to take the sessions in our own hands and speak to our companions about our article."

The students also made some perceptive comments about problems with the format. They noted that the diversity and quantity of the articles made understanding difficult at times. They noted also that the reading assignment was often not shared equally between the two persons assigned to the same article. One student suggested that the instructor provide a brief summary of the topic prior to the reports so that everyone would have some understanding of the relevance of each report. One was concerned about the fact that the readings had nothing to do with "black or other minority contributions to medicine." Another noted that optional articles should be available in case the assigned essay is in a journal that is checked out from the library. Most admitted that the group process was demanding, but only one objected strenuously.

Dr. Engelhardt met with the group during seven sessions that focused on problems of medical ethics. He distributed a reading list of articles on medical ethics, and told the students how to find the journals in the Moody Medical Library. He asked them to read as many articles as they could in preparation for group discussions. The students responded eagerly, and there were lively discussions concerning types of ethical analysis, the definition of death, euthanasia, abortion, and related subjects.

In their written evaluations of Dr. Engelhardt's portion, most students rated the sessions as good or excellent, and expressed appreciation for the format. On the last day of his sessions, Dr. Engelhardt passed out a short-answer examination. It included questions such as: give an argument in favor of abortion and one against abortion; give an argument in favor of euthanasia and against euthanasia. The answers were not graded, but Dr. Engelhardt was favorably impressed with the responses of the students.

Although this course will continue, an equally important concern is the gathering of some educational research data. We assume that entering health professional students do transfer some knowledge, attitudes, and skills learned during their studies of the humanities in high school and college. We do not believe that any one knows precisely what kind or how much. In collaboration with our Office of Research in Medical Education and our Office of Admissions, we would like to acquire this kind of information by the analysis of transcripts of entering health professional students, and by the use of test instruments to assess the needs and interests of the students. We believe that this information will enable us to provide more effective teaching strategies in the humanities for health professional students. Moreover, we intend to work with pre-health professional advisors in the high schools, colleges, and universities in Texas to improve pre-professional education in the humanities, and to demonstrate the relevance of those educational efforts to health professional careers.

Professional Education

The central task of teaching is being accomplished by designing and implementing regular and significant teaching strategies for health professional students at all levels of undergraduate and graduate health professional education. In designing these strategies, we recognize that the obligations of health professionals presuppose particular kinds of knowledge, attitudes, and skills in the humanities. Humanistic knowledge and skills acquired during pre-professional studies must be transformed into professionally adequate judgments and habits. This transformation cannot occur during introductory or advanced college courses in the humanities. It is more probable that this transformation will occur within health professional environments if teaching-learning strategies are designed by scholar-teachers who are integral parts of their teaching institutions, and who know how to transform experiences in the humanities into new professional roles and practices.

The following courses and seminars exemplify the approaches utilized by Dr. Burns and Dr. Engelhardt.

Baccalaureate Health Professional Students - Allied Health

In collaboration with the Department of Occupational Therapy at the School of Allied Health Sciences, four senior occupational therapy students were guided in an independent study program during their spring trimester, which began in January of 1973. Each student was allowed to select one topic from a list of three: Occupational Therapy and the Care of Dying Patients; The Addicted Patient and Occupational Therapy; The Historical Development of Occupational Therapy as a Profession in the Galveston-Houston Area. One student selected the first topic, two the second topic and one the third.

All of the students met with the instructors for weekly two-hour discussions during a two-month period. Each student was expected to report on an assignment for that week. Assignments included readings, interviews, and clinical observations. With questions and comments, the entire group responded to the weekly reports. Individualized assistance was then offered for an additional month as each student prepared a rough draft of a term paper. Each student read this rough draft to the entire group, whereupon critiques and comments were offered by colleagues and instructors. Afterwards, the students had an additional two weeks in which to prepare their final written papers. Each student received a written evaluation of the paper from the instructors.

The students were highly motivated and worked diligently. All of them earned a grade of "A" for their performance. With some degree of surprise, the instructors discovered that this teaching-learning situation was extremely rewarding.

The written evaluations of the students confirmed the value of the small group format and individualized attention. One student asserted that "there was the opportunity to gain vicariously from the experience of the other members of the group, plus incorporate a bit of their research into one's thinking." This same student claimed that the program had been "the most stimulating and rewarding learning experience since my arrival at UTMB." Another student observed that the program had been "the most fantastic learning experience of my education." Perhaps the most telling comment came from a third student, who felt that she was "really more of a person for having had this experience."

In the fall of 1973, scheduling difficulties permitted only one senior occupational therapy student to participate in the independent study program. The same format was employed, and the student responded with a high level of motivation. She prepared a good term paper entitled "The Dying Child and Implications for Occupational Therapy." She asserted that the study program was the only one in her education that really stimulated her "to think independently." She added, "The seminars and interviews were a great aid to me in building self-confidence - as I was 'forced' to enter into discussion and learn that I could contribute valuable ideas." Although the instructors enjoyed working with the student, they felt that she would have learned even more in a seminar setting. Consequently, the instructors will require a minimum of 6 students as a prerequisite for offering the independent study program in future terms.

During the second part of the summer trimester of 1973, a combined lecture - seminar course was offered to 104 students enrolled in the School of Allied Health Sciences. These included 50 physical therapy students, 14 physician assistant students, 30 occupational therapy students, and 10 occupational therapy assistant students. Entitled "Introduction to the Physician Assistant Concept," this course included a discussion of various clinical, historical, philosophical, and legal aspects of allied health careers. A multiple-choice examination was given at the end of the course, and grades ranged from 60 to 93. Because of pecularities in the arrangement of the lectures and seminars, students were not asked to give a written evaluation of the course.

Baccalaureate Health Professional Students - Nursing

Also beginning in January of 1973, a full-semester elective in the history and philosophy of the health professions was offered to thirteen junior students from the Clinical School of Nursing. Twenty students enrolled for the elective, although seven withdrew before completing the course. The course was entitled "American Nursing in the Twentieth Century: Perspectives and Problems," and was divided into three parts. The first two parts dealt with the history of the health professions and the history of health professional ethics, while the last part involved a philosophical analysis of contemporary problems in health care delivery.

Some innovative techniques were utilized in conducting the historical part of the course. First, students were given a "guide to locating secondary and primary sources in the history of medicine," prepared by Dr. Burns. Weekly assignments were then required in order to help each student develop bibliographical skills in locating historical sources. Secondly, all students were assigned a required reading for each week, and each individual student was given an additional special reading that only he or she was expected to study. In the third place, all students were told that the two ninety-minute group sessions per week would consist of discussion and not lecture. Because of the special reading assignment, each student could contribute something to the discussion that no other student could. Moreover, the instructor would not provide the information to the group if the student did not do so.

The first week was devoted to the history of the United States in the twentieth century. As the written bibliographical exercise for this week, the students were asked to identify two major bibliographical guides that could be used to locate secondary sources about almost any aspect of American history. The required reading was chapter 18, "The United States of America," from the New Cambridge Modern History. The special readings included essays in historical journals, other chapters in the New Cambridge Modern History, and other important books and essays illustrating a variety of topics pertinent to the understanding of American history in the twentieth century.

During the first discussion session, when Dr. Burns remained silent after announcing that "today, we will discuss the history of the United States in the twentieth century," the expected lack of response was real and painful for both students and instructor. No student wanted to admit that he or she knew something about U.S. history that no other student knew, and no one believed that he or she was really expected to actually contribute this understanding by participating in a group discussion. The sessions that week consisted primarily of questions by Dr. Burns and timid answers by the students.

The second week dealt with the history of medicine in the United States during the twentieth century. As the written bibliographic exercise for that week, the students were asked to use three of the bibliographies listed in Dr. Burns' guide in order to locate three secondary sources and three primary sources about some aspect of nursing in the U.S. during the twentieth century (preparation for the following week). A portion of Shryock's The Development of Modern Medicine and one chapter in Lerner and Anderson's Health Progress in the United States, 1900-1960 were required readings. Special readings included essays in medical history journals and various monographs dealing with a wide array of topics in the history of twentieth century American medicine. During that week, conversation improved considerably. Some students began to report on their readings, and all students began to realize that the instructor really meant that we would discuss our topics as a group and that there would be no lecture.

As the bibliographical exercise for the third week, students were expected to identify two of the four bibliographies of nursing literature that were located in the Moody Medical Library at UTMB. They were required to read a chapter in Shryock's History of Nursing and in Goodnow's History of Nursing by Doland. A list of topics illustrating various aspects of the history of nursing in the United States were given; for the individual reading assignment, each student was expected to locate information in the secondary sources about his or her topic. The discussions during that week were extraordinary. Nearly all students participated eagerly in the discussion.

For the fourth week, students were expected to utilize their knowledge of bibliographies in order to locate and read one secondary source and one primary source about some aspect of nursing in Texas during the twentieth century. This item could not be the required reading:

Colbath's Historical Study of Nursing Education in Texas, 1928-1945. Mrs. Eleanor Crowder, a staff member from the University of Texas School of Nursing in Austin who has considerable interest in the history of nursing in Texas, was able to attend the two class discussions that week. These discussions were also extraordinary.

Dr. Burns and the students then spent three weeks discussing the evolution of health professional obligations. Students utilized bibliographical skills in locating and reading journal articles or books about ethical problems in medicine and nursing. The discussions were very lively.

In order to facilitate discussion and learning, other techniques were employed by Dr. Burns.

During the introductory session, all students were asked to discuss their previous academic experiences with history and philosophy. Most of the students had had recent courses in U.S. history, courses that utilized the traditional format of lecture and objective exam. Few of the students had enjoyed their history courses. Only one student had had a formal experience with philosophy, that one being a course in logic.

Also at the time of the introductory session, a three-page factual questionnaire was distributed to the students. The questions were true/false, fill-in-the-blank, or recognize the correct answer among several options. Twenty questions dealt with the history of the United States during the twentieth century, twenty dealt with the history of medicine in the United States during the twentieth century, and twenty dealt with the history of nursing in the United States during the twentieth century. The students were asked to respond to those questionnaires at that time. At the conclusion of his sessions, Dr. Burns asked the students to complete the same questionnaire. As might have been expected with the format employed, the results indicated that a core of information about the history of nursing was not transmitted or learned by the students. Only three students missed more questions during the second examining session than during the first. The degree of improvement was not very significant, however, even though a few students may have learned a few specific facts. It is difficult to tell if this technique stimulated any intellectual curiosity.

At a few of the twice-weekly sessions, students were sub-divided into smaller groups and asked to discuss their reading assignments in those smaller groups. They were also asked to explain to each other why they did or did not read the assignment, what they learned from the assignment, and how they thought the entire course was progressing. In these smaller groups, discussion was very animated.

At the conclusion of his sessions, Dr. Burns met with each student individually to determine if he or she fully understood how to use bibliographical tools in locating information, and to review his or her performance in the course up to that time.

Dr. Engelhardt met with the students during the months of March and April. For the month of March, he assigned G. E. Moore's Ethics as the required reading for all students. Dr. Engelhardt used Moore's book as a point of departure for discussing philosophical reasoning, the meaning of ethics, the nature of teleological versus deontological ethics, and the concept of natural law. Instead of bibliographical exercises, students were expected to prepare two short papers in which they demonstrated their abilities to reason logically and give valid arguments. For example, one paper was to be a response to the following questions: What is an ethical argument? Is there more than one variety? How should one go about analyzing ethical arguments? For each class session, Dr. Engelhardt would present information for 35 or 40 minutes, and then engage the group in discussion. Initially, he invited students to enter the discussion by name. Gradually, students began to participate spontaneously.

During the month of April, the discussions shifted to particular problems of health professional ethics, such as death, abortion, consent, organ transplantation, contraception, and genetic engineering. The discussions were focused on analyzing the arguments used to condemn and those used to recommend such practices as abortion, euthanasia, contraception, and genetic engineering. This involved a presentation of the presuppositions and arguments involved in different ethical views concerning core issues in the health professions. The goal was to acquaint the student with modes of reasoning concerning the values which structure the practices of the health professions.

Toward the end of March, Dr. Burns and Dr. Engelhardt met with each student to help him or her in selecting a topic for a term paper. The students were told that they could select either a historical topic or a philosophical topic. They were also told that tutorial guidance would be provided during the preparation of that paper. Four students selected historical topics and nine students chose philosophical ones. The titles of the submitted papers were as follows:

1. A Christian's Approach to Nursing the Dying.
2. Abortion: A Jewish Perspective.
3. A Utilitarian Look at Abortion.
4. Is Death Ethical?
5. Jehovah's Witnesses and Blood Transfusions.
6. Conception Control.
7. Moral Dilemmas in Treatment of Anti-Social and Dyssocial Behavior.
8. Abortion - by Demand: A Utilitarian Approach.
9. The Ethics of Abortion.
10. Nursing During the Korean War.
11. Professional Nursing Ethics and Issues in the 1960's.
12. Historical Study of the University of Texas School of Nursing, 1890-1950.
13. The Impact of the Space Program on Nursing.

The students were evaluated in terms of the degree of active participation in the class discussions, the extent to which that participation demonstrated the acquisition of content learned from the readings, their grasp of bibliographical skills in locating historical sources, the degree of skill in using techniques of logical analysis, and the scope and quality of their written papers. All students received either an "A" or "B."

Each student submitted an extensive written evaluation of the elective. Only one student believed that the objectives of the course were not accomplished. All felt that the bibliographical exercises were useful in learning how to use the library and how to locate historical materials. The students approved the small group format and believed that the readings facilitated group discussion. With justification, some complained that some of the readings were too long. Others felt that they had great difficulty in becoming part of the group process. Another said, "It was easy for me to discuss material freely because I was always interested, and almost always felt at ease with the group." Some enjoyed the historical readings more; others enjoyed the philosophical readings more. Some students claimed that their opinions about various issues in medical ethics had changed as a result of the discussions. Most agreed that their "understanding of others' opinions" had significantly improved. As one student said, "I am not so prejudiced against some decisions as I was before." Another student stated that she realized for the first time that she had always argued with an appeal to emotion and not to reason. As another student said, "My opinions were not dramatically changed, but I was able to reason better, explain them better." Another student complained that "nothing specific was ever determined on the issues discussed." Some students suggested that the course should be subdivided into one on history and one on philosophy. With some justification, they believed that the topics were introduced well but explored superficially. Another suggested that history of professional ethics should be first, ethical issues explored analytically second, and the overall historical perspective given last. Two students suggested that the course involved too much work, but most considered the course a rewarding learning experience. One student who enjoyed the course very much stated, "It was fun to think."

In the fall of 1973, a full-semester elective on "Resolving Problems in the Care of Dying Patients" was offered to senior nursing students. Specific objectives for the course were: (1) A student will begin to learn how to interview dying patients and their families. (2) With a variety of physicians and health professionals, the student will share the feelings and ideas stimulated during the interviews. (3) With readings and discussions, the student will begin to understand the historical development of concepts of death in Western culture, and, more particularly, in the health professions. (4) The student will learn how to analyze the roles of various values and value systems in placing the value of death, as well as interpreting conflicts between individual and societal goals. Five students signed up for the course; four "survived" the experience. Three hospital chaplains, one faculty member of the Nursing School, and one Research Associate in the Institute constituted the entire group. The group met once a week for three hours.

During the introductory session, a videotaped interview of a 16 year-old female with leukemia was used to demonstrate certain aspects of interviewing patients with terminal illness. With the help of clinical members of the faculty, a variety of patients and families were identified as suitable for interviews. This group ranged from mothers of infants with terminal illnesses to elderly patients with a variety of problems. It also included a 17 year-old female addict.

During the second week, students conducted their separate interviews from 9:00 to 10:00 a.m., and then returned as a group to discuss their interviews with the instructors and other members of the group. This discussion continued during the following week. During those sessions, the experiences of each patient were reviewed; more particularly, the responses of each student to a given patient were explored in detail. During the fourth week of the course, a second set of interviews were arranged. Afterwards, group discussion continued on that day and during the entire session of the fifth week.

After this vivid introduction to the phenomena of terminal illness in humans, the group proceeded to a review of the historical development of concepts of death in Western culture and, more particularly, in the health professions. Each student was given a different essay or chapter to read. One week was utilized in discussing the concept of death as it has appeared in each of the following: the general literature of the West, the medical literature of the West, and the nursing literature of the West.

Dr. Engelhardt then guided the students during four weeks of discussion about the value of death, defining death, and euthanasia. Again, each student was asked to read different items as preparation for presenting relevant information and arguments in the discussion. Students were also expected to present reasons for agreeing or disagreeing with the contentions of the author or authors.

At about the mid-point of the fourteen-week course, Dr. Burns and Dr. Engelhardt met with each student individually in order to determine a topic suitable for a term paper. During the final session, each student read his paper to the entire group. The titles of the papers were: "Proof of my Physical Immortality," "Euthanasia," "Disengagement and the Care of Dying Geriatric Patients," and "Do Persons Have the Moral Right to Commit Suicide?" Three of the students earned a "B" grade and one earned an "A."

All members of the group were asked to give written evaluations of the course. The four students acknowledged that the interactions with patients were valuable because they served to "bring reality of death as something tangible, not distant." Two of them suggested, with considerable merit, that it would have been beneficial to have had interactions with terminally ill patients toward the end of the course. It would have been interesting, as one said, to see "if we really do feel more comfortable with and are better able to cope with the terminally ill patient after being exposed to material presented in this course." Another suggested that it would have been interesting to follow one or more terminally ill patients and their families throughout the course.

The students agreed that the readings structured and facilitated group discussion. However, they objected to the length of some of the readings and to the relevance of others. Although they realized that assigning different readings to different students allowed them to be exposed to much more material that could have been covered individually, they were distressed if all of the readings assigned for a particular session were not discussed. This did occur more than once.

All of the students agreed that they acquired more understanding about the phenomena of death as a result of the course. One student echoed the sentiments of others: "I feel many questions that I had not even considered before had been opened up to me. I feel my greatest benefit is a willingness to look at different points of view with some understanding (not necessarily acceptance.)"

All four students praised the group process, although one found it very difficult to become a part of the group until the last two sessions. One student felt that the chaplains were excluded from the discussion at times, and another felt that she lost interest when the issues sometimes became so "philosophical and abstract."

In terms of approaching death, all students acknowledged a transitional experience from "gut reactions" to conceptualization and reflection. One student labeled it "the backing of emotionality with logic"; another stated that her view of some issues had changed from "an emotional one to a rationally structured one." Another student stated, "I learned to try and find the reasons for my feelings so that I could understand them better."

Two students stated that their judgment concerning issues about death and dying had not changed. One stated that her judgment about suicide had changed radically. The fourth declared that her judgments concerning many issues had changed. As she said, "You name it, it has changed!"

All of the students agreed that the objectives of the course had been accomplished. One concluded as follows: "This has been the high point of my semester - I really enjoyed it and would advocate it to anyone who is interested in introspection for the sake of self-knowledge, which is so important in relating to other persons."

During the last two sessions of the course, the group process was extraordinary. Although very difficult at times, all of the students were able to articulate their personal viewpoints about death and dying, even if their views were quite different. Instructors participated fully in this group experience. All agreed, however, that the personal changes within each individual needed testing at the bedside of terminally ill patients. This will be included in subsequent electives on this subject.

Baccalaureate Health Professional Students - Allied Health and Nursing

Using the format already described for occupational therapy students, Dr. Burns and Dr. Engelhardt are now offering an independent study program that began in January of 1974. Six senior occupational therapy students and two junior nursing students constitute the group. Three O.T. students are dealing with the subject of terminally ill patients; two are dealing with the topic "Concepts of Health and Disease in Occupational Therapy," and one is studying the historical development of Occupational Therapy in the Galveston - Houston area. The two nursing students are dealing with the topic, "Similarities and Differences Between the Profession of Occupational Therapy and the Profession of Nursing." At the time of this report, the group discussions are proceeding very well, although the two junior nursing students are at a disadvantage because of their lack of knowledge and experience.

In January of 1975 and again in September of 1975, this independent study program in the history and philosophy of the health professions will be opened to all senior baccalaureate health professional students at UTMB. If their schedules and departments permit, students from the following areas may participate: Nursing, Occupational Therapy, Physicial Therapy, Medical Records Administration, Physician's Assistants, and Medical Technology. A format similar to that described above will be used, although there will be a minimum of six and a maximum of twelve students per group. The topics available for study at those times will be: (1) Resolving Problems in the Care of Terminally Ill Patients, (2) Similarities and Differences Between Health Professions, (3) Concepts of Health and Disease, (4) The Historical Development of "My" Health Profession in Texas, (5) Ethical Issues in Human Sexuality, and (6) Child Rearing in America: Historical and Philosophical Considerations.

School of Medicine - Medical Students

Beginning in September of 1972, Dr. Burns and Dr. Engelhardt participated as small group leaders in the Behavioral Sciences segment of the curriculum for freshmen medical students. Each functioned as a small group leader for a separate group of 14 students. This course enabled them to establish continuing relationships with 28 entering medical students over the entire 60-week period of their Basic Science core curriculum. This course involved interviewing, human development, psychological and social factors in sick patients, and human sexuality. Although this curricular segment was not a course in either the history or philosophy of medicine, the effectiveness and success of the small group orientation convinced Dr. Burns and Dr. Engelhardt of the importance of developing their teaching program in the medical school curriculum in a similar manner. In September of 1973, they were both asked to again serve as small group leaders in a course for freshmen medical students that is a combined Behavioral Sciences - Introduction to Clinical Medicine course entitled: "Introduction to Patient Evaluation".

In the fall of 1973, Dr. Burns also served as a small group leader in the course on preventive medicine and community health given to Year II medical students.

In September of 1973, Dr. Burns convened an Ad Hoc Task Force on the Teaching of Medical Jurisprudence at UTMB. The group included two lawyers and one judge from the Galveston community, the chairman of the Department of Medical Records Administration from the School of Allied Health Sciences, a pathologist, an internist, a psychiatrist, an educational psychologist, a philosopher, and two historians. The Task Force was expected to plan a course in medical jurisprudence for Year III medical students. The Task Force was also asked to make recommendations for ways that legal medicine could be introduced more effectively into the curricula of all the health professional schools at UTMB.

Members of the Task Force held 10 meetings in the fall of 1973. They discussed various reasons for including law in health professional curricula, and for including or excluding specific topics. Outlines of courses offered in other schools were reviewed. The Task Force gradually began to focus on the immediate problem, i.e., that of delivering a 12-hour course in medical jurisprudence for Year III medical students during the month of January, 1974.

During that course, the following topics were discussed by nine lecturers in 10 one-hour sessions:

1. An Introduction to Law
2. Rules of Evidence
3. Legal Aspects of Medical Records
4. Legal Rights and Responsibilities of Physicians
5. Legal Rights and Responsibilities of Patients
6. Professional Liability and Malpractice Litigation
7. Governmental Health Care Programs
8. Cooperation with Law Enforcement Agencies
9. Forensic Toxicology and Pathology
10. Abortion and the Definition of Death.

At one session, a portion of a videotape made by Mr. Robert Joling was utilized as an audiovisual resource. The film "Courtroom Confrontation" was shown at a whole session.

Attendance was rather good, even though the course was not required. Furthermore, 81 of 173 students voluntarily took a final examination. The exam consisted of objective questions and essay questions. Sixty-four of the students made raw scores that ranged between 50 and 70. Ten scored between 80 and 94, and 7 scored below 49. The test performances reflected only what the students had learned as a result of attending the lectures, since they had not prepared specially for the final examination. In view of this, the response was rather gratifying.

Students were also asked to provide written evaluations of the course. The students appreciated handouts that included sample State Board questions, and they liked the audiovisual materials. The lectures were very uneven, and the quality of the accompanying handouts varied considerably. Even with the lack of uniformity, the majority of students thought that the course should be presented again.

The Task Force continues to meet in order to respond to these evaluations and improve this particular course. Moreover, they will review other approaches to teaching legal medicine that can be tried at UTMB.

In January of 1974, Dr. Burns and Dr. Engelhardt began teaching a core course in the medical humanities for Year I medical students at UTMB. The course is entitled Medical Ethics, and has the following objectives: (1) Students will learn a framework for understanding the nature of ethical conflicts among physicians, patients, and society. (2) Students will learn ways to analyze current issues in medical ethics--e.g., abortion, euthanasia, etc. (3) Students will learn ways to analyze traditions of professional ethics in medicine.

In order to conduct the course in a small group format, 205 freshmen students were sub-divided into twelve groups of approximately 17 students each. Six of these groups will meet with the instructors for 13 weeks in Term II of their Basic Science core, and the other six groups will meet with the instructors during 13 weeks in Term III of their Basic Science core. Each group of students will have six one-hour sessions with Dr. Burns, six one-hour sessions with Dr. Engelhardt, and one one-hour session with a guest speaker. Thus Dr. Burns and Dr. Engelhardt will repeat their sessions for a total of 12 times.

In the sessions conducted by Dr. Engelhardt, the following topics are examined:

Week 1: Values and the Concept of Disease
Week 2: Consent; Experimentation and Transportation; Rights of Patients
Week 3: Contraception; Artificial Insemination; Sterilization
Week 4: Abortion
Week 5: *In Vitro* Fertilization; Genetic Counseling
Week 6: Definition of Death; Euthanasia.

Some 52 separate reading items were placed on reserve by Dr. Engelhardt. During each week of the instruction, three students are required to give short oral reports on a selected number of these readings, usually two or three. Each student is urged to explore the arguments for and against the particular ethical positions outlined in the articles they have read.

The following topics are discussed during the sessions with Dr. Burns:

Week 1: Hippocrates, Physician's Oaths, and Commencement Ceremonies
Week 2: Medical Education and Medical Science: Emergence of Fundamental Obligations
Week 3: Patient Care: Evolving Obligations of Diagnosis and Treatment
Week 4: Professional Responsibilities and Communities: Licensure, Malpractice, Public Medicine
Week 5: Medical Societies and Codes of Ethics
Week 6: Individual Physicians and Their Quests for Professional Ideals.

For each of his sessions, Dr. Burns distributes a mimeographed source that is read by all members of the group. Additionally, separate items are borrowed by three students who are expected to give oral reports. As primary or secondary sources, these readings deal with particular aspects of the topic under consideration.

The students are evaluated by regularity of attendance, degree of active participation during class discussions, extent to which participation demonstrates acquisition of content in assigned readings, and quality of the oral reports. At the time of this report, the first six-week period has just been completed. The instructors have been amazed by the response. The freshmen students have attended regularly and participated actively. They read the assignments, and their oral reports are remarkably good. Although there are problems and weaknesses in this approach, the enthusiastic responses of the students suggest that this particular format deserves further exploration. The students will be asked to provide a thorough evaluation of the course.

The entire fourth year of the medical school curriculum is a Track year that includes numerous electives. For the 1973-74 year and for the 1974-75 year, six electives were offered by Dr. Burns and Dr. Engelhardt. In 1974, two senior students will take the elective entitled "Psychiatry and Neurology: Philosophical Problems and Historical Perspectives."

Graduate Nursing Education - Pediatric Nurse Practitioners

During the fall of 1973, Dr. Burns served as group leader for a seminar in the Clinical Nursing School that allowed aspiring Pediatric Nurse Practitioners to explore the reorientation that was occurring in their professional roles. Dr. Burns met with the group for seven 90-minute sessions, and discussed the scientific, practical, legal, ethical, and institutional aspects of role reorientation in the health professions. As points of departure for the discussion, twelve students were divided into six pairs, with different readings assigned to each pair. This format was used throughout the seminar, and the students responded enthusiastically.

Graduate Medical Education - Psychiatry Residents

From January through March of 1973, an elective seminar entitled "Ethics in American Psychiatry: The Nineteenth and Twentieth Centuries" was offered to third-year Residents in Psychiatry. From a total of nine third-year Residents who expressed some initial interest, three participated sporadically and one participated regularly during the eleven seminar sessions. The quality of the interactions with the one who attended regularly was extraordinary. He concluded his evaluation of the experience as follows: "Thank you for inviting me to attend the seminar, for tolerating my ignorance of philosophy, for answering my questions, and for listening to my comments. More than a learning experience for me - the seminar was an all-too-rare opportunity for personal growth."

In the fall of 1973, the same course was offered. The following topics were discussed:

1. The Care of the Mentally Ill Before 1800: Ethical Issues
2. Benjamin Rush and the Origins of Moral Therapy
3. The Insane Asylum Movement and Curability Myths in the 19th Century
4. The Disease of Masturbation
5. Adolph Meyer's Legacy
6. Free Will Versus Determinism: Kant, Freud, and Bleuler
7. The Concept of Autism (Professor Richard Zaner)
8. Behaviorism - What Watson and Skinner Wanted to Do for Psychology
9. Breggin and Szasz - Medical Versus Psychological Models of Disease
10. Suicide: The Geography of Freedom and Constraint - More on Szasz and Some on Seneca

Faculty members, residents, and medical students attended, but discontinuously. Because of demands by patients, it is very difficult for residents to attend afternoon seminars regularly. Nevertheless, those attending each session (average of ten) were responsive, and discussion was generally good.

Those attending evaluated the seminars as worthwhile learning experiences. All felt that the course should be offered again.

Fellows

A Fellowship Program in the History and Philosophy of the Health Sciences and Professions for University of Texas students was announced in the fall of 1972. In February of 1973, the first fellowship award was made to a graduate student in history at the Austin campus. During the tenure of his six-month fellowship, the student worked at libraries in Austin and Galveston and participated in teaching activities at UTMB. Three other persons also participated as Fellows during the summer of 1973. One was a graduate student from the philosophy department at Austin, one was a pre-medical baccalaureate student from the Austin campus, and one was a Clinical Fellow in the department of pediatrics at UTMB. During the summer of 1973, all four presented seminars and participated in the teaching programs being conducted by Dr. Burns and Dr. Engelhardt. Using their research as Fellows, the graduate student in history, Mr. Michael McCormick, and the graduate student in philosophy, Mr. Tom Bole, submitted essays that were accepted for the spring, 1974, issue of Texas Reports and Biology and Medicine. The interactions with the Fellows was rewarding, particularly those with the two graduate students. No written evaluations were requested.

Two individuals chose to work at UTMB during the tenure of their fellowships granted under the auspices of the Institute on Human Values in Medicine. Dr. Jim Morris, Associate in the History of Medicine, Tulane University School of Medicine, spent the entire month of July, 1973, on our campus. Mr. Walter Vesper, Coordinator of the Program in Biomedical Ethics, Meharry Medical College, spent a total of eight weeks on our campus at different times during the fall and winter of 1973-74. Both of these Fellows participated actively in the teaching programs, and gave seminars based on their research interests. Although quite different, their contributions were thoroughly appreciated by their hosts.

Advanced Seminars

Beginning in November of 1972, a regular series of "medical humanities seminars" was initiated. This series has enabled a variety of individuals to present papers on subjects that pertain to the humanities and medicine. These individuals have included members of the History of Medicine Division at UTMB, other faculty members in the University of Texas System who have interests in the humanities and medicine, visiting scholars and prospective faculty members from other universities and medical centers, and Fellows and students who participate in the teaching programs at UTMB. The seminars have been well received, with an average of twenty individuals attending regularly (these include faculty, staff, and students). Some 36 seminars will have occurred by the end of February, 1974.

Continuing Education: Workshops and Symposia

Members of the Institute are involved in trans-professional programs of continuing education, including special workshops and symposia that address specific topics. Dr. Burns and Dr. Engelhardt have participated in special programs of continuing education organized by hospital chaplains at UTMB for local clergymen, and in special programs organized by the continuing education department of Southwestern Medical School in Dallas. Dr. Burns, in association with the Institute on Human Values in Medicine, conducted the Southwest Regional Institute on Human Values in Medicine, a conference that allowed humanist scholars and health professionals in the southwest to become acquainted with and to contribute to these newer developments in higher education. Dr. Burns and Dr. Robert C. Hickey, Director of the University of Texas M.D. Anderson Hospital and Tumor Institute at Houston, organized a symposium that examined the historical contributions of railway medicine to health care delivery systems. Dr. Engelhardt is organizing a symposium called "Evaluation and Explanation in the Biomedical Sciences" that will be held in May, 1974.

Research and Graduate Programs in the Medical Humanities

As integral parts of the programs of professional education, patterns of fundamental research are emphasized. Students, fellows, and teachers are expected to conduct research in a systematic and analytic manner. The following are some of the investigative concerns of Dr. Burns and Dr. Engelhardt: history of medical ethics; the role of religious beliefs in the responses of patients; studies of the conceptual and behavioral models needed in dealing with dying patients and their families; explanatory models in medicine and the role of values and concepts of disease; the relationship between particular concepts of disease and models of health care delivery; models of the mind-brain relationship and their impact on theory in neurology and psychiatry; the role of criteria and values in abortion and in reconstituting the definition of death; malpractice suits in American medicine: their history, rationale, and social roles; studies of the ways in which professional obligations are internalized by health professional students; and studies of the behavioral and attitudinal consequences of educating health professionals in the medical humanities.

After a "critical mass" of scholar-teachers has been assembled and after graduate courses have been developed, single-degree programs in the medical humanities at the master's and doctor's levels, as well as combined degree programs, will be considered.

Evaluation

As already indicated, evaluation procedures are being employed for the activities of the Institute for the Medical Humanities. It must be emphasized, however, that the establishment of these evaluation procedures is, in itself, an investigative portion of the entire enterprise. Our teaching programs are being designed and evaluated in collaboration with UTMB's Office of Research in Medical Education. Test instruments are being developed to determine if students understand and behave differently as a result of particular learning experiences in the Medical Humanities. As demonstrated in this report, failures and successes will be reported. Research programs are being measured in terms of individual productivity, publication of the proceedings of various conferences, and the establishment of a monograph series in the Medical Humanities. The Spring, 1974 issue of Texas Reports on Biology and Medicine will deal with medicine and the humanities.

Future Prospects

In 1973, two individuals received Adjunct appointments at the University of Texas Medical Branch. Professor Richard Zaner, Easterwood Professor of Philosophy and Chairman of the Department of Philosophy at Southern Methodist University in Dallas, was appointed as Adjunct Professor of the Philosophy of Medicine. Mr. James Speer, Jr., Research Associate, Institute of Urban Studies, University of Houston, was appointed as an Adjunct Instructor in the History of Medicine. Mr. Speer is currently concluding a doctoral program in history at Rice University, and is also enrolled in the law school at the University of Houston. Mr. Speer participated actively in the deliberations of the Ad Hoc Task Force on the Teaching of Medical Jurisprudence, and Professor Zaner will teach full-time at UTMB during June and July of 1974.

The University of Texas System-Wide Committee on Medical History has been expanded to include four additional faculty members in the University of Texas System: Mrs. Eleanor Crowder, The University of Texas Nursing School at Austin; Dr. Fred Sargent, The University of Texas School of Public Health at Houston; Dr. Sidney Miller, The University of Texas Dental School at San Antonio; and Dr. Engelhardt. The addition of these teachers will allow this committee to devote more attention to the design of appropriate research and teaching programs in medical history for the University of Texas System. It may also be possible to transform this committee into a University of Texas System-Wide Committee on the Medical Humanities.

On Friday, June 1, 1973, the University of Texas System Board of Regents approved a request to establish an Institute for the Medical Humanities at the University of Texas Medical Branch in Galveston. Simultaneously, the Board of Regents allocated a substantial sum to the University of Texas Medical Branch so that the initial steps in the restoration of the Ashbel Smith Building could be taken. This building was the first medical school building in the state of Texas, and it will house the offices of the Institute for the Medical Humanities when restoration is completed. In June of 1974, Dr. William Bean, Sir William Osler Professor of Medicine at the University of Iowa School of Medicine, will become the first Director of the Institute for the Medical Humanities at UTMB, and the Harris Kempner Professor of the Humanities in Medicine.

MEDICAL COLLEGE OF VIRGINIA
The Health Sciences Division of
Virginia Commonwealth University

Prepared by
Glenn R. Pratt, S.T.D.
Ethics Professor

Program Title

The human values program at the Medical College of Virginia has no official title. Teaching activities take place under the designation "Medical Ethics." The terms "medical" and "ethics" are used broadly: medical to include the teaching of students of dentistry, nursing, pharmacy, and allied health professions as well as students of medicine; and ethics to include all areas of concern for human and religiously oriented values.

Direction

Glenn R. Pratt, S.T.D. is the person in charge of the program. He bears the title of Associate Professor of Ethics and Director of Religious Activities.

The program involves all of the schools of the Medical College of Virginia, but it is located for administrative purposes within the School of Allied Health Professions. There are no colleagues as such, but persons within the following areas are available for explicit help in particular areas: faculty in the Department of Philosophy and Religious Studies of the Academic Division of Virginia Commonwealth University, faculty in the Department of Patient Counseling of M.C.V., and members of the Religious Activities Committee of M.C.V. The committee consists of deans and key faculty selected on the basis of their teaching assignments and their own personal faith or denominational commitments. They are appointed by the Vice President of V.C.U. for the Health Sciences Division.

Administrative Structure

The program is administered through the School of Allied Health Professions. Although not a separate department, the program has a department status. The major portion of the work is carried out within the School of Medicine. The Dean of the School of Allied Health Professions is the administrative channel for funding and supervision. The various deans of the schools within the Health Sciences Division are in charge of the explicit teaching assignments and work done in this area within the context of their respective schools.

The Religious Activities Committee (mentioned above) is the coordinating committee for the teaching of human values. They supervise directly the extra-curricular aspect of religious activities, and serve in an advisory capacity to the Dean of the School of Allied Health Professions.

Funding

Funding of half of the salary for the director of this program comes from college monies in this state-supported medical center. The other half of the salary and all program costs are covered by an endowment and extra funding provided by the Medical College of Virginia Foundation.

Origin and Development

The program started to function in September, 1966, after several years of careful planning. A number of events and the personal interest of a number of individuals are responsible for its initiation.

1. Dr. William T. Sanger, former president of M.C.V., was vitally interested in this area of medical education. He insisted that a vigorous program be started.

2. A committee representing the churches and synagogues in the state of Virginia met with planners from within M.C.V. Representatives from the United Ministries in Higher Education also participated.

3. The Monumental Church of Richmond, which had come to be surrounded by the growing campus of M.C.V., was given to the M.C.V. Foundation by the Episcopal Church so that the church, its attached educational building, and its endowment could be used for religious activities and the teaching of medical ethics. This occurred in 1965.

4. An ad hoc committee called the Joint Committee on Medical Education and Theology (consisting of representatives from four medical colleges) met in May, 1965, and again in January, 1966. Among other tasks, this group helped design the program at M.C.V. and assisted in working out the job description of the eventual director of the program. This committee was the grandfather of the present Society for Health and Human Values. (The father was named the Committee on Health and Human Values.) Persons on this earlier committee who have given continued help are Dr. Pellegrino, Dr. Tucker (M.C.V.), Dr. Rosinski (M.C.V.), Dr. Banks, Professor Vastyan, Dr. Bluford, Dr. Davis, Dr. Harrell, Dr. McNeur, and Dr. Wolf.

5. Early in the planning (and apart from the Committee on Medical Education and Theology), significant help to the developing program was given by the Rev. Chris Hovde of Anderson House in Chicago, and Dr. Arnold Nash, Chairman of the Committee on the Role of the Humanist in Higher Education, an activity of the Regional Education Laboratory for the Carolinas and Virginia.

Rationale

After a careful review of the program in December, 1973, the executive committee of the Religious Activities Committee declared that its rationale for the program remains unchanged. That rationale is stated in the Bulletin of the Medical College of Virginia:

> "The religious activities program centers about tasks assigned to a full-time faculty member who bears the title associate professor of ethics and director of religious activities. In his pastoral work he conducts services at the MCV Chapel, coordinates the work of the various denominational and faith leaders, and gives advice and counsel as requested by students, staff, and faculty.
>
> "As associate professor of ethics he has teaching obligations in each school at MCV. He participates as consultant, frequent lecturer, and occasional discussant in the classroom, laboratory, clinic and ward. The term 'ethic' is used broadly to include all phases of religion, philosophy, and spiritual values, especially as these relate to health.
>
> "Being regularly in the classroom, laboratory, and ward, he establishes rapport with the students and becomes familiar with the experience through which they go. Through this he maintains effectiveness as a counselor and spiritual leader to those who study medicine and the related health professions. He also comes to new and significant ideas concerning the relevance of religion to health and the influence that health or lack thereof has on the philosophical and religious orientation of a person."

Program History

The program has endured for several important reasons:

1. The interest on the part of those who initiated the program remains high. This refers not only to persons who are on the campus of M.C.V. but also the individuals who are now associated with the Society for Health and Human Values.

2. Student demand for meaningful attention to the program's considerations is growing rather than diminishing.

3. The need for work in this area continues as long as sickness poses problems for anyone, and as long as life situations remain less than ideal.

4. New formulations in science and developing technologies pose additional questions which demand moral and ethical decisions.

5. There is an awakening public interest in the impact of medical science on society and individuals. The public is concerned about fostering those things which are of value, and simultaneously counteracting those developments which pose a threat.

6. Many projects have had a measurable positive payoff in areas relating to public legislation, care of patients, and sensitivity of health professionals.

Program's Current Nature

1. Teaching Content. Representative topics covered include abortion, aging, alcohol, autopsies, birth control, decision-making, drug addiction, the dying patient, euthanasia, experimentation on human beings, genetic manipulation, care of the handicapped, health care delivery, prolongation of life, rights of patients, human sexuality, suffering, transplants, and questions involving the telling of "truth."

2. Program Components

a. An elective course for M-IV students called "The Physician as a Consultant on Sex" is provided as a monthly rotation.

b. A course called "Sources of Insight in the Humanities" is provided as a monthly elective for M-IV students.

c. An elective for M-II students called "Value Systems and Medical Practice" is offered on a quarterly basis (two hours, one day a week).

d. An elective for M-II students called "The Physician as a Consultant on Sex" (same title as that offered to M-IV students) is offered on a quarterly basis (two hours, one day a week).

e. An elective for M-I students called "Ethics of Medical Intervention" is offered on a quarterly basis (two hours, one day a week).

f. An elective for M-I students called "The Physician as a Personal Counselor" is offered on a quarterly basis (two hours, one day a week).

g. Rounds in the hospital wards of Internal Medicine occur once or twice each week. Each student is expected to report on his patients in terms of beliefs, attitudes, life style, home situation, etc.

h. Rounds in the wards of the Department of Psychiatry are conducted in a fashion similar to those in Internal Medicine (once a week).

i. Occasional seminar in the Department of Patient Counseling.

j. Two or three classes each year in the Departments of Medical Technology, Hospital Administration, and Nurse Anesthetists of the School of Allied Health Science.

k. Occasional lectures to students in the School of Nursing.

l. Classes for participants in the Continuing Education Programs of the School of Nursing.

m. Course called "Social Aspects of Disease in Man" for students in the School of Pharmacy.

n. Lectures to students in the School of Pharmacy in the course "Ethical Issues in Patient Care."

o. Conferences on the Dying Patient in the Department of Medical Oncology.

p. Seminars on Abortion Counseling to students in their rotations through Obstetrics-Gynecology.

q. Course on Sex Education sponsored by SAMA.

r. Course called "America and the Future of Man" on the academic campus of Virginia Commonwealth University.

s. Course on "Christian Ethics" on the academic campus of Virginia Commonwealth University.

3. Style of Teaching. Currently education takes place within the classroom, laboratory, and hospital ward. There is also some outreach into clinics in the community. Lectures are given to the large classes; small discussion classes are provided for students who elect special emphasis in the area of human values. Discussion of particular patients occurs during rounds, and discussion of various research programs and treatment modalities takes place in the laboratory areas.

Program Objectives

1. Teaching. The program is designed to teach factual material in the area of the humanities, including philosophy, religion, literature, history, and something of the fine arts. Hopefully the student will become more broadly educated, and find resources that will be meaningful to him in carrying forward the obligations of his profession. In the clinical context, this program focuses on the effect of beliefs, value systems, and styles of life on a patient's health situation. No direct attempt is made to shift the philosophical or religious outlook of any student, but the process of each student's considering the relevance of these things to the patient's total condition has a profound effect on all who are involved.

2. Administrative. The administrative goal here is to maintain opportunities and facilities which will enhance the student's growth and development as a whole person. A religious ecumenical center and programming within the center is maintained for that purpose.

3. Pastoral. The director of religious activities has duties also as a chaplain to the students. He counsels, conducts religious services, supervises and coordinates the work of denominational representatives, and performs such pastoral duties as may be requested. This aspect of the work takes the smallest portion of his time. His main emphasis is in the teaching realm.

Although these objectives are pointed out to all incoming students, the program is deficient with respect to informing new faculty about the goals and purposes of the program. On the positive side, however, the institution is highly supportive of these objectives.

Allies and Resources

1. Persons. Helpful persons outside M.C.V. were identified at the beginning of this report. Within the institution the following people have given continued support: Dr. William T. Sanger (former President of M.C.V.), Dr. R. Blackwell Smith (President of M.C.V. when the program started), Dr. Warren W. Brandt (President of Virginia Commonwealth University), Dr. Lauren A. Woods (Vice-President of V.C.U. for the

Health Sciences Division, M.C.V.), Dr. Thomas C. Barker (Dean of the School of Allied Health Professions), the Deans of each of the other schools at M.C.V., Dr. H. St. George Tucker (first President of the Religious Activities Committee), Dean Franklin Bacon (Associate Dean of Student Life), Dr. Thomas O. Hall (Chairman of the Department of Philosophy and Religious Studies, V.C.U.), the Rev. A.P.L. Prest (Chairman of the Department of Patient Counseling), Dr. W. T. Thompson (former Chairman of the Department of Internal Medicine), and Dr. Henry Lederer (former Chairman of the Department of Psychiatry). The chairmen of all the departments have been supportive of the program: each deserves to be named in this section.

2. On-Site Learning Experiences

   a. The Annual Sanger Lecture, which has been endowed to provide a yearly lecture on the interrelationship between humanities and medicine.

   b. The annual nursing lecture.

   c. The Stoneburner Lectures.

   d. The Richmond Public Forum.

   e. The opportunity to audit classes taught by other faculty members.

   f. Grand Rounds in each of the medical specialties.

   g. Frequent special guest lectures sponsored by various student groups on campus.

3. Primary Reading Materials. Various bibliographies which pertain to the work at M.C.V. in the area of human values are attached at the close of this report.

4. Physical Facilities. Adequate space has been provided for offices, classrooms, and chapel in Monumental Church and Teusler Hall, both of which are owned by the Medical College of Virginia Foundation. However, most of the teaching takes place in the various educational buildings and hospitals that make up the schools of the medical center.

Evaluation

Continuing review of the program is made by the Religious Activities Committee of M.C.V. In making its evaluations, the committee considers information of the following kind:

1. The students fill out evaluation forms for each of the classes they take. According to students' comments, the human values program rates high.

2. An increasingly large number of students choose electives in the area of human values.

3. The deans of the various schools of the medical center comment on the effectiveness of the program both at the meetings of the Religious Activities Committee and in interviews by a sub-committee of the full group.

4. At least twice a year the director of the program files a full report of his activities with the Religious Activities Committee.

5. Former students who are now engaged in their respective professional activities have been polled informally to ascertain their current opinions about the effectiveness of the human values program.

6. Some patients have remarked on the "value consciousness" of the health personnel at the medical center. From these comments we know both that we have done a good job, and that much yet remains to be accomplished.

7. Student groups ask the professor of ethics to participate in many of the seminars and special programs which they organize.

8. Testing of students indicates that they are coming to have more factual knowledge in the area of human values.

9. Physicians in the community and professionals in the health sciences who are working in the geographical area of M.C.V. have indicated their continuing interest in and support of the program.

10. Church groups have consistently stated their high regard for the Program.

A unique indicator of the program's positive reputation comes from the political area. The General Assembly of the State of Virginia looks to personnel at M.C.V. (including the director of this program) for guidance and professional comment on various pieces of legislation and state-supported programs relating to human welfare and human resources.

Plans for Change

For the future, we plan to add a significant emphasis in the area of health and human values by expansion into the curriculum of the academic campus of Virginia Commonwealth University. This will aid students who are preparing to enter medicine, dentistry, pharmacy, nursing, and other allied health professions. It will also secure for the Medical College of Virginia a significant imput from faculty at the academic campus, specifically the Departments of Philosophy and Religious Studies, Social Work, Psychology, History, and English.

These additional resources from non-medical disciplines will enable us to impart information and help establish goals for the future for students who do not plan to enter the health professions, but who are nevertheless concerned about the political, economic, and social decisions that relate to matters affecting health and human development.

We are planning also a complete restoration of Monumental Church so that it will reflect as much as possible its original architectural beauty. The building is a unique structure designed by Robert Mills in the style of the Greek revival period. This change will call for the demolition of Teusler Hall and the construction of new office space for the health and human values program at M.C.V.

Potential Problems for Schools Planning a Human Values Program

1. Viability. In order to stay alive, programs of this kind need adequate funding. There are various ways of resolving this problem, but living "from hand to mouth" is not one of the most attractive. Careful planning and evaluation of financial (and other) resources is vital.

2. Visibility. Avoid being set off into a corner. It is easy for a program to experience isolation. In his program at the Hershey Medical Center, Professor E. A. Vastyan has sought to create what he calls a "critical mass." This is important. In a large medical center one needs to work hard on the problem of being seen and heard. Invisibility may well be an attribute of God, but for His servant it does not appear to be a human value. Supplying one's own publicity and giving out information continuously is a time-demanding and energy-consuming necessity.

3. Vision-ability. The ability to form and maintain the vision is essential for all who enter this field. The role of the visionary in this area is not yet clearly defined, and persons seeking to fulfill the expectations of this task are constantly challenged with the question, "Just who are you?" It is the problem of identity. Professionals working in this area need a large amount of ego strength as they struggle to keep from drifting into comfortable, well-defined older roles. They are threatened also by the fact that they are choked and crunched by the details of the daily round to such an extent that they lose sight of the grand scope of their mission. Responding to the demands of details and the ringing of the telephone, they are pushed back from being "self-actualizing persons" to a degree inappropriate for those whose goals calls for them to take leadership in enabling human beings to maximize the potentialities of their lives.

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submitted by

Glenn R. Pratt, S.T.D.

Part I	Insights in the Humanities for the Physician
Part II-A	Medical Ethics
Part II-B	Medical Ethics: Special Topics
Part III	Bibliography for the Professional Sex Consultant

Part I

INSIGHTS IN THE HUMANITIES FOR THE PHYSICIAN

No student is expected to read all or necessarily any of the listed books. This is a guide in a most loose sense. Readings and research may be done also in other aspects of humanities. (* Indicates books available in paperback editions.)

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